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PRACTICAL OBSERVATIONS
ON
DISEASES OF WOMEN,

BY
WILLIAM JONES, M.R.C.S.

SURGEON TO THE FREE DISPENSARY AND INFIRMARY FOR
WOMEN, ETC., AND LECTURER ON THE PRINCIPLES AND
PRACTICE OF MIDWIFERY, AND THE DISEASES OF WOMEN
AND CHILDREN.

ILLUSTRATED WITH CASES AND EXPLANATORY
PLATES.

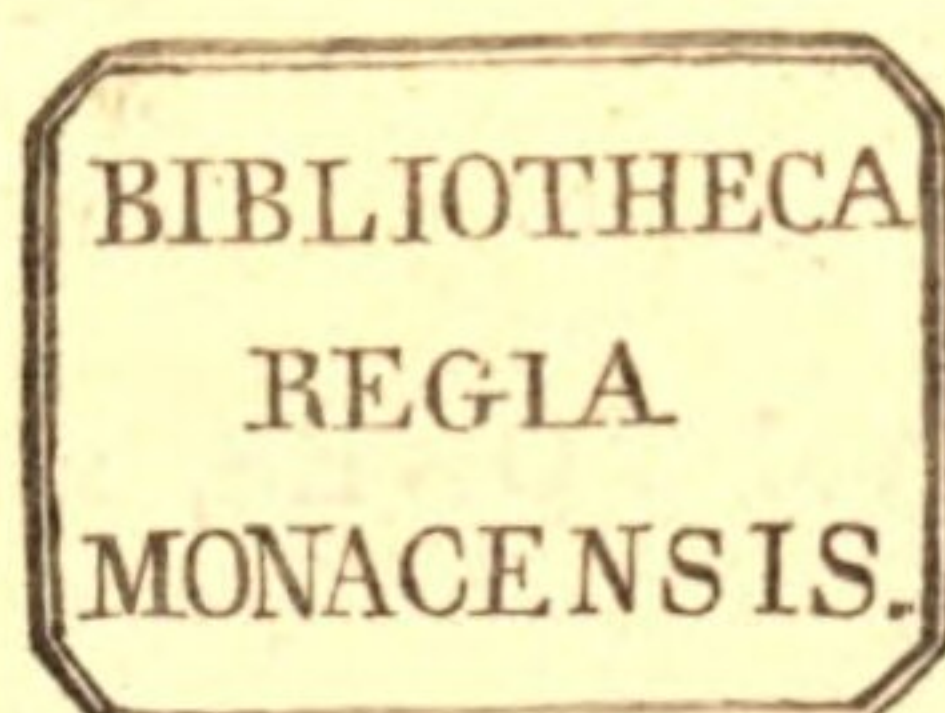
'Quodque vere dicimus; etiam, si a nullo laudetur, natura esse laudabile.'
CIC. DE OFF. I. iv.

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TO

G. J. GUTHRIE, ESQ. F.R.S.

LATE PRESIDENT OF THE ROYAL COLLEGE OF SURGEONS,

ETC. ETC. ETC.

THIS WORK

IS RESPECTFULLY AND GRATEFULLY INSCRIBED

BY

THE AUTHOR.

P R E F A C E.

IN offering the following observations, on diseases of women to the consideration of the profession, the author has been chiefly actuated by the desire of calling its attention to a long-neglected but most important mode of clinical investigation.

Having had frequent occasion to regret the insufficiency of the mode usually pursued, which merely perceives those symptoms that indicate the existence of disease, without disclosing the nature of the alteration of structure on which it is dependant, he has been compelled to adopt a method which has latterly suggested itself to the minds of many scientific men in other countries, and which was fre-

quently employed in ancient times. He has not, however, adopted it to the exclusion of the more usual means; conscious (to use the language of Horace) that—

— — — — — *Alterius sic*

Altera poscit opem res, et conjurat amice'

He has too frequently had to deplore the ignorance of those indications of the real nature of uterine diseases, attainable only by physical examination in its most extended sense, when he has seen an unfortunate patient insusceptible of relief from human skill, gradually sink before his view, while yet “in the full pride of youth and bloom of womanhood.” Too frequently, also, has he had to encounter the many difficulties connected with the employment of the means he advocates, to be unacquainted with the prejudices of the public respecting it; but, in surmounting them, he has perceived the force of the maxim of Cicero,—“Whatever we utter with truth, although it be praised by none, is by nature commendable.”

Another motive by which the writer has been induced to offer these observations to the consideration of his professional brethren, is the desire of bringing together a mass of facts in proof of the necessity and utility of this mode of examination, and of having an opportunity of requesting their assistance in the formation of an establishment for a fair trial of its merits in every point of view.

The advantages resulting from division of labour, in the treatment of the various affections incidental to humanity, (which we are told by Herodotus was carried so far in ancient Egypt, that a special practitioner could be found for almost every complaint), are daily becoming more apparent; we have our Ophthalmic Institutions, our Fever and Small Pox Hospitals, our Lock Hospital, Infirmary for Diseases of the Spine, the Ear, &c. &c. In Paris we find an Hospital for diseases of the Chest, another for diseases of the Skin, and wards in the larger Hospitals devoted to the reception of particular classes of complaints, such, for example, as the Women's Ward

at *La Pitié*, &c ; until lately, however, no attempt has been made in this country, (at least within the author's knowledge), to provide a place of reception for the treatment of the numerous complaints peculiarly incidental to women, although scarcely one woman out of ten passes through life without experiencing some one or other of them, and although thousands of women are annually sacrificed, who might be saved did such an establishment exist.

In requesting the assistance of his professional brethren in the accomplishment of this important object, the author solicits the exertion of their interest, rather than their pecuniary assistance, well aware how innumerable are the calls that are daily made on their benevolence ; and knowing also that, in the promotion of any charitable design, they possess a moral power not exceeded by that of any other body of men. Could they, as a body, but clearly perceive its utility and necessity, he feels convinced that a few months only would elapse ere such an Institution would do honor to our Metropolis ; and,

in truth, is not every professional man personally interested in the formation of such an Institution? Could such an Institution exist for any length of time, without conferring benefit on him, his family, and the public at large? Would he not daily have an opportunity of obtaining information which could never be acquired in the ordinary routine of private practice? Would not his wife, his daughters, his patients, and his friends, derive the benefit of that information? Would not many persons be rendered comparatively happy, or at least free from disease, who are now its unfortunate victims? Surely these questions cannot but be answered in the affirmative.

But is the public less interested in the accomplishment of such design? No; every man, no matter what may be his station in life, who has a mother, a sister, a wife, a daughter, or any other female relative,—every woman whose bosom glows with benevolence, or whose heart can feel for the sufferings of another,—is bound, by all that renders life desirable, to assist in the promotion of the charitable design.

Should chance, therefore, throw this volume into the hands of any non-professional reader, the author would earnestly implore him to weigh calmly all the arguments advanced, and, if he approve of the design of the Committee of Management of the Institution, whose prospectus is annexed,* would entreat him to encourage their exertions with his assistance, even though it should not exceed the value of the "widow's mite."

Far, far from him be the wish to violate, or to encourage the violation of those habits of modest and delicate sensibility, which throw a halo round the sex, and give grace and dignity to the most imperfect form. May it ever be his earnest wish, as it has hitherto been his constant practice, to uphold the dignity and protect the delicacy of the sex, whilst reluctantly compelled to resort to those means, which are absolutely necessary to the mitigation of its sufferings, in many of their severest forms.

The author would be guilty of gross negligence,

* *Vide* Page 227.

if not of dishonesty, did he not acknowledge that in support of the arguments advanced in the following pages, he has derived considerable assistance from a valuable work entitled "*Nouveaux Elémens de Pathologie Medico-Chirurgicale &c.*" par L. Ch. Roche et L. J. Sanson, as well as from two others of equal merit,—the one entitled, "*Traité Pratique des Maladies de L'Uterus et de ses Annexes,*" par Mme. Veuve Boivin et par A. Dugès,—and the other "*Dictionnaire de Medecine et de Chirurgie Pratiques,* 15 vols. 8vo. Paris, 1829-36.

To prove the antiquity of the means advocated he has adduced the authority of Paulus Ægina, of Ruffius, of Albucasis, and of Hieronymus Mercurialis; and, to prove its necessity, has extracted some observations from the works of Sir Charles Clarke, and Dr. Robert Gooch, as well as from the learned Lectures of Dr. James Blundell, and the valuable prize essay of Duparcque, entitled "*Traité théorique et pratique sur les Alterations Organiques Simples et Cancereuses de la Matrice.*" 8vo. Paris, 1835.

For many of the illustrative cases he is indebted to medical friends, whose kindness permitted him to examine patients under their care, for which he avails himself of the present opportunity to offer his sincere thanks.

In conclusion, if any thing the writer has advanced have the effect of inducing a single practitioner to resort more frequently to physical investigation, in forming diagnoses of diseases, especially of women ;—should it ever be his lot to see the sapling Institution, whose cause he has advocated, become the perfect tree, affording shade and shelter to all that come within its reach ;—then will his object have been attained, —then will he have no reason to regret his labor, but will “lay him down in peace,” happy in the assurance of having contributed in some small degree to the alleviation of those sufferings, which fall with peculiar severity upon the more amiable portion of humanity.

15. *Lower Brook Street, Grosvenor Square,*

March, 10th, 1839.

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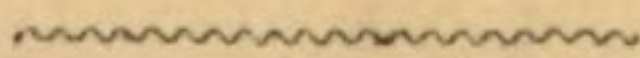
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PRACTICAL OBSERVATIONS

ON THE

DISEASES OF WOMEN, &c.

PART THE FIRST.

CHAPTER I.



OF THE NECESSITY OF PHYSICAL EXAMINATION, AND
OF THE USE AND APPLICATION OF THE SPECULUM.

PRACTICAL OBSERVATIONS

ON THE

DISEASES OF WOMEN, &c.

CHAPTER I.

OF PHYSICAL EXAMINATION IN CASES OF DISEASE

GENERALLY.

NO true lover of the medical profession can avoid feeling gratified when he reflects on the rapid advancement which has been made in the progress of his art during the last few years ; nor can he suppress a consciousness of superiority on referring to the practice of bye-gone days, and observing the obscurity in which ignorance and superstition had involved the most simple of Nature's laws. No longer are the diseased exposed in the market-places, to receive the opinions of such casual passengers as might

have recovered from similar attacks. as we are told by Herodotus, was the practice with the Babylonians;—no longer is the public content to seek the advice of would-be-Socrates',—offering opinions founded on mere prejudice, or drawn from partial experience;—but application is made to the scientific practitioner, who, enlightened by the knowledge of the important truths which have been, and still continue to be, developed by the aid of the auxiliary sciences, is no longer content blindly to follow in the track of his ancestors, or to pin his faith to the dogmata of his predecessors, however venerable by duration, or sanctioned by authority; but as a rational, intelligent, and reflective being, founding his practice on observation and reasoning, enquires, not what has been done by others, but what should be done by himself; and while he avails himself of the result of their labours, he does so, not from attachment to opinions sanctioned by name, but from conviction of their truth—he demands, not, *who* has put forth propositions, but whether the propositions be true or false —if true, to uphold them—if false, to discard them.

“Observation” he regards as “the labourer who

furnishes the materials, and Reason, as the architect, who arranges them for practical purposes," he remembers that "in his pursuits he has two errors to avoid—1st, not to confound things of which he is ignorant, with those which he knows; or rashly to yield assent without due investigation. 2nd, not to bestow too much labour and study, on obscure, intricate, and unprofitable subjects." He remembers that "general rules murder the exceptions, and are the rocks and shoals on which men are apt to split." he therefore studies the peculiarities of each individual case, and the physical conditions on which it is dependant.

The more extensive and successful cultivation of anatomy, physiology and pathology which characterizes the present period, has revealed the simplicity of human organization, and of the laws by which it is regulated.

Anatomy has taught, that while the human body is composed of many distinct portions, all of which are endowed with the common principle of vitality, (through whose medium the molecules of which they are composed are momentarily altered, though their forms remain the same), each portion has a structure peculiar to itself,

and is denominated an organ. Physiology has taught that these peculiarities of structure in the various portions or organs, are necessary to the accomplishment of peculiar functions, and that each portion has an allotted office to perform, and laws peculiar to itself by which its functions are to be regulated. Pathology has taught, that alteration occurring in the structure of any portion, deranges the functions of that portion. It results therefore that by the aid of these combined sciences, we are taught to believe that so long as each organ retains its natural structure, it performs its functions with regularity, and is said to be in health ; and that, as soon as any alteration occurs in its structure, its functions become deranged, and it is said to be diseased.

A peculiar organization, an appreciable physical condition, is necessary to healthy action—the regular performance of function ; — alteration of structure gives rise to derangement of function — the phenomena of disease.

Physiology further teaches that the various organs of the body are so connected by sympathy, so mutually

dependant on each other that derangement occurring in the structure of one produces derangement in that of one or more, or of all the rest.

Pathology also, while it teaches that alterations of structure are the causes of disease ; teaches also that these alterations of structure vary *ad infinitum*, and that disease, Proteus-like, assumes a thousand varying forms, according to the numerous influences and agencies to which the human economy is subjected ; each alteration being recognizable by certain physical characteristics, either during the life of the individual, or upon *post mortem* examination.

We learn, therefore, that in every form of disease there are *three* sets of symptoms which require to be separated and discriminated, before they can be duly appreciated ; the *first* set, (the least important, but the most evident, and consequently the most easily recognized), comprises those derangements of function, which testify the existence of disease in some organ of the economy ; these symptoms are common to all diseases of any severity, are dependant on the sympathetic union existing between

distant organs ; and from their frequent occurrence, are called GENERAL symptoms ; such are shiverings, perspirations, accelerations of the pulse, nausea, vomiting, head-ache, &c. &c. ; they are of value because they evince the severity of the alteration of structure on which they are dependant.

The *second* set, (which are usually denominated LOCAL symptoms), comprises those derangements of function, local pains, &c., which demonstrate that one organ in particular is affected ; such, for example, as leucorrhœa, and pain in the hypogastric region ;—in diseases of the uterus, &c., they are proportionate to the suffering of the organ whose structure is altered. The *third* set, and the most important (which may be denominated the PHYSICAL symptoms), is found in the diseased organ itself, and is characterized by the various alterations of color, form, volume, density, sensibility, and locality, which determine the nature of that alteration of structure, which the diseased organ may have experienced.

In some diseases a *fourth* set exists, which gives additional value to the local symptoms, in determining

which particular organ is affected ; it comprises those symptoms that are dependant on the direct sympathy by which some two or three distant organs are united, *e. g.* disease of the uterus is accompanied by pains in the mammæ, disease of the kidney, by pains in the penis, &c. ;—these may be called DIRECT SYMPATHETIC symptoms.

In most cases a train of symptoms has existed antecedently to the period in which the patient seeks relief ; these may be denominated COMMEMORATIVE symptoms, as they usually have reference to the causes which have given rise to the disease, and the progress it has made.

If, when called to a patient laboring under any disease whatever, we regard the general symptoms only, and on examining him, say he has fever, because he has a hot dry skin, (which has been preceded by shivering), together with acceleration of the pulse, increased frequency of respiration, head ache, nausea, &c. &c., and if satisfied with this opinion, we proceed at once to its treatment by bleeding, purging, &c., it is possible, and more than probable, that we shall momentarily palliate the

symptoms described, but we shall still be in ignorance of the seat and nature of the disease with which the patient is afflicted ; and perhaps at our next interview, shall find that the symptoms have recurred with increased violence, because we disregarded the alteration of structure on which they were dependant ;—and daily experience demonstrates that they may as easily arise from a thorn in the finger, or a corn on the great toe, as from any other source of irritation, occurring in any more important organ. If, on the other hand, by any further examination, we find that one organ, say the arm or the leg, have been the subject of a wound, and its suffering have given rise to these sympathetic phenomena, we direct our attention to the condition of that wound, at the same time that we make use of the palliative treatment alluded to, we shall probably not only relieve the suffering on which the symptoms are dependant, but abate their severity also ; no longer regarding them as arising from simple fever, but as constituting symptomatic fever—that is, febrile symptoms developed by the inflammation of some one or other organ.

The time has been when it might have been pardonable, to have attributed these phenomena to unknown causes, when we might have believed (because the organ whose disease gave rise to them, was situate internally, and thereby escaped partial observation), that they were dependant on acridities, humours, and poisons in the blood, and were independant of all local lesion ; but in the present advanced state of pathological science, knowing, as daily experience proves, that in ninety-nine cases out of a hundred, the causes of these phenomena are appreciable after death ; and knowing, for the remaining case, that the traces of many alterations of structure disappear after death, as in erysipelas, &c. ; reasoning by analogy, we are compelled to admit that these phenomena are always dependant on organic lesion ; that they cannot occur without change of structure in some one or other organ, or in the circulating *material* ; and that to treat them scientifically and successfully, we must determine what portion of the body it be by the alteration of which they have been produced.

If when called to a patient, we merely regard the local symptoms—(that is, those derangements of function which indicate disease in one organ rather than in another), if, for example, we find pain in the region of the liver ;—the evacuations of a clay colour,—slight yellowness of the skin, and conjunctiva,—pain in the collar-bone and shoulder, &c. ; and, therefore, infer the existence of disease of the liver, and remembering that mercury acts specifically on the liver, administer that medicine without inquiring into the nature of the disease with which the liver may be affected ; we may, it is true, afford relief in some cases, but our practice will be merely empirical, nor can we before-hand assert that it will be of service ; but if, on the contrary, in addition to these derangements of function, we have ascertained by physical examination, that the liver is larger than is natural, that it is more solid than in the healthy state, is preternaturally sensitive, &c. ; if the irritation excited by it in distant organs, be of the inflammatory character, (for irritation excited by sympathy in a distant organ has always the character of that which produces it), if the symptoms usually denominated febrile, accom-

pany this swollen, dense, and preternaturally sensitive state of the liver, we are justified in inferring that it is affected with inflammation, and a rational treatment, founded on this diagnosis, (a diagnosis evidently comprising the three sets of symptoms—general, local, and physical), will in all probability cure nine out of ten of such cases.

Whenever, therefore, we are called to a case of disease, we have two duties to perform, first, to determine what organ it be whose altered structure gives rise to the symptoms observed ; secondly, to determine the nature of the alteration which the organ may have undergone. In many cases of disease, the organ primitively affected is readily recognized ; in others it is appreciated with difficulty, and accordingly three methods are employed in determining the locality of diseases—the first method (which is applicable in most acute affections), consists in referring the symptoms observed, to the organ to which they correspond—*e. g.* if an individual present himself, afflicted with pain in some part of the chest, difficulty of breathing, frequent and painful cough, and expectoration, we at

once conclude that the lung is the organ affected, because its functions are deranged; in like manner, if a female present herself complaining of acute pain in the lower part of the abdomen, increased by pressure, with suppression of the natural evacuations, (*catameniaë*, *lochiaë*), pains in the *mammæ*, &c., from these symptoms, we conclude that the uterine apparatus, or its appendages, is the seat of disease.

The second method is adopted where several organs exhibit symptoms of derangement, and where it is difficult to determine which organ it be whose primary derangement may have associated others in its suffering; as in most chronic cases. It consists in examining, organ after organ, all the various parts of the body, and taking note of all those organs which exhibit symptoms of derangement, and then in re-examining, and excluding those which exhibit little derangement, until one be arrived at, whose derangement appears sufficient to account for all the symptoms observed; and if, after adopting this principle of exclusion, we discover two or more organs whose derangements appear equal, we conclude

that there is a complication of disease, and treat the case accordingly.

If after this examination we be not able to discover any one organ whose derangement appears sufficient to account for all the phenomena observed, we are compelled to avail ourselves of the third method, which is to administer a stimulus; upon which one of two things occurs—either the excitement produced by the stimulus, overpowers the excitement produced by diseased action, and all the derangements disappear; or, the original affection acquires increased severity, and becomes evinced by symptoms corresponding with the organ affected. As a familiar illustration of the latter assertion, we may mention that an individual of gouty habit, after having been the subject of general indisposition for some days, frequently brings on an attack of gout by a fit of inebriety; and as respects the former, we have daily opportunities of remarking, in the lower classes especially, that a threatened disease is averted by a similar occurrence.

In the *commencement* of almost every form of disease, a well directed stimulus is sufficient to arrest its progress,

and restore the organ affected, to health. Purgatives are the stimuli most frequently resorted to; but their use has been much too loudly lauded, even by men, whose names might seem to give a sanction to their indiscriminate employment; it was a maxim, for example, with old Dr. Gregory, "To ha' the fear o' God before your 'ees, and keep ye boeels always open." A little reflection, however, must convince us that in many cases, far from being beneficial, purgatives are worse than useless; as in inflammation of the mucous membranes of the alimentary canal, &c.

In determining the LOCALITY of diseases, an opinion is formed from the sensations experienced by patients, which are oftentimes so acute, and so evidently dependant on derangement of one organ in particular, that the patients themselves are enabled to point out the organ affected.*

The NATURE of disease is to be determined by its physical symptoms, which can only be recognized through the medium of the perceptive faculties, or of what may be called

* *Vide* Part II, Case 1.

physical examination ; the eye of an experienced practitioner, for example, by a momentary glance, will appreciate changes in the colour and form of the affected organs, or of their products, when within its scope, of which a whole vocabulary of words, exhausted in explaining, could never give more than a very imperfect idea ; the momentary touch will acquire the threefold sensation of the temperature of the body,—its aridity or humidity, and the rapidity of the pulse ; and by percussion, the various alterations in form, volume, and density, of an affected organ, will easily be detected ; the resistance offered by the various organs, when struck in a state of health, indicates their natural solidity and extent, and in a state of disease will enable alterations in their form, density, and volume to be discovered ;—by the ear, deviations from health, in those organs whose functions are accompanied by sound (as the heart and lungs) are appreciated ; and the taste and smell offer their modes of appreciation also ; the three former senses are most usually employed, and they are of themselves sufficient to determine the nature of all diseases situate externally ; but in

determining the nature of diseases situate internally, it is necessary to call in the aid of instruments, and assist the eye, by specula, as in examining the ear, the uterus, the rectum, &c. ; the touch, by probes, and catheters, as when the presence of foreign bodies is suspected ; and the ear, by means of the stethoscope, as in discovering obstructions to the passage of air into the lungs, the presence of the foetus in utero, &c. &c.

Having determined the LOCALITY of a disease—(*i. e.* the organ whose structure is altered), by one of the three methods which have been described, the scientific practitioner next proceeds to the investigation of its NATURE, and, for example, in the first case alluded to, where the lung is supposed to be the affected organ, he examines with the eye the expectorated fluid, and if it be found of an iron-red colour, if the touch perceive a want of motion in any part of the thorax, if the same part when struck offers greater resistance than is natural, if the ear appreciate a dull sound emanating from the organ when the chest is struck, and if, during respiration, the ear, whether unassisted, or assisted

by the stethoscope, discover a "*râle crépitante*" in some immediate or corresponding portion of the lung, and these symptoms be accompanied by the train of symptoms usually denominated febrile, he concludes that the parenchymatous or proper tissue of the lung is affected, and adopts a treatment founded on this diagnosis, and vigorous in proportion to the degree of suffering communicated to the other organs;—if, on the other hand the expectorated matter be more in quantity and of a yellowish colour, if the touch perceive no want of motion, if the natural, or nearly natural degree of resistance exist, and if the chest when struck do not afford a dull sound to the ear, and if the ear, moreover, discover during inspiration a sound resembling that of air passing through a viscid fluid, (the "*râle muqueuse*") his opinion is different, the individual is not affected with inflammation of the proper tissue of the lung, but of the mucous membrane which lines it, and the treatment varies accordingly. In either of these two cases it is evident that the NATURE of the disease is determined by the evidence of the senses, and by no other means can it be recognized;

and the same may be said in every form of disease. It is **PHYSICAL EXAMINATION** therefore, which affords us this most important knowledge ; without its aid, although we may know that a disease exists in an organ, we can know nothing of its **NATURE** ; we cannot distinguish one disease from another, nor can we adopt a scientific treatment for the relief of any.

CHAPTER II.

OF PHYSICAL EXAMINATION AS APPLIED TO DISEASES OF
THE UTERUS IN PARTICULAR; AND OF THE VARIOUS
MODES OF PERFORMING THE TAXIS.

WHILE these important truths are daily becoming more evident, and are forming the basis of every rational treatment in most other diseases to which humanity is liable, as well in England, as in France, America, and other portions of the civilized world, it is singular that with one or two exceptions, they have not been applied to the peculiar diseases of females; on the contrary, the plan of considering symptoms as so many distinct diseases is still adhered to, and we find, that in most of the works on this subject, absence of catameniaë, difficult menstruation—profuse white discharge, are all treated as distinct diseases, under the names of amenorrhœa—

dysmenorrhœa—leucorrhœa, without any attention being paid to the organic alteration on which they are dependant.

If there be one portion of the body, which, more than any other, especially requires the practice of physical examination in the appreciation of its morbid phenomena, it is the reproductive system in the female, and the uterus in particular ; because, in the first place, *the functions of the uterus are obscure and periodical, and consequently derangement of its structure may exist for a time*, (extremely limited it is true), *without derangement of its function* ; previous to the age of puberty, and after the climacteric period, the uterus has no peculiar function to perform, and, consequently, alteration of its structure cannot be announced by derangement of function ; and even, during the reproductive life of the female, if any cause produce inflammation, or any other disease of the parenchyma of the uterus, during the catamenial intervals, it cannot be manifested by derangement of menstruation before the next period arrives, and the other derangements of function which characterize disease of the uterus,

such as leucorrhœa, &c., are rarely developed by disease of the proper tissue of the uterus :—

2ndly. *The functions of the uterus may be more or less deranged by every one of the numerous alterations which can occur in its structure ;—as either inflammation, ulceration, the presence of polypus fungus, scirrhus, or other alteration may be the cause of menorrhagia, amenorrhœa, dysmenorrhœa or leucorrhœa :—*

3rdly. *The functions of the uterus may be deranged or suspended by alteration of structure occurring in some other organ ;—amenorrhœa is frequently dependant on the presence of tubercles in the lungs, inflammation of the liver, or other acute disease situate in a distant organ ;—leucorrhœa is often produced by the presence of ascarides in the rectum, &c. : — **

4thly. *The direct sympathy by which the suffering of the uterus is communicated to one distant organ in particular, is awakened in each of its numerous affections ; for instance, pains in the mammæ are developed by any suffering or increased action of the uterus,*

* *Vide Case.*

whether that suffering depend on the simple fact of pregnancy ; or result from the presence of any important disease :—

5thly. *The general symptoms excited by diseases of the uterus are the same as those which are excited by similar diseases of other organs; e. g. inflammation of the uterus induces the participation of the heart and arteries in its suffering, is preceded by shivering, and is accompanied by the same train of febrile symptoms as accompany inflammation of other organs, &c. :—*

6thly. *By means of physical examination the uterus may be converted, as it were, into an external organ, and the art of diagnosis reduced to the simple plan applicable to organs situate externally ;—in cases of external disease, the eye is the organ which affords us the most important knowledge both as regards the seat and nature of disease, and in a great many cases by one simple inspection, without the necessity of a single question, we are at once enabled to proceed scientifically to its treatment, as in erysipelas, &c. :—*

Lastly.—*If correct diagnosis be necessary to the pro-*

per treatment of any disease, it is surely peculiarly imperative, where the existence of disease in an organ, not only embitters human happiness, but may empoison the very source of life itself;—diseases frequently exist within the uterus and its appendages, and produce sterility—a fruitful source of unhappiness in social life—as engorgement, &c, or infect the offspring *in transitu*, or even in conception, as in syphilis ; and before these diseases can be properly treated, their existence and character must be recognized.

Notwithstanding the urgent necessity for physical examination, in ascertaining the diseases of the female reproductive system, “it is notorious,” (says Sir Charles Clarke) “that many practitioners prescribe for complaints of these organs, from a mere history of the symptoms given by the patients. It is quite impossible in many complaints to depend upon such descriptions, and daily experience demonstrates the futility, and in some cases the injury, arising to patients, from medicines prescribed upon such vague information.”

The physical examination applicable to the uterine

system, is performed by the unassisted sense of touch, and the assisted sense of vision ; and comprises *palpation above the pubis ; the taxis per vaginam, or, per rectum, and the application of the speculum.*

Palpation above the pubis is employed alone, or more commonly in conjunction with the *taxis per vaginam, or per rectum*, for the purpose of ascertaining the position and volume of the body, or fundus of the uterus ; it is accomplished by placing the female either on a bed or couch, with the shoulders elevated, and the legs drawn towards the pelvis, (so as to relax the abdominal muscles, and bring the plane of the pelvis into the horizontal position), and then placing the four fingers or whole hand on the abdominal parietes, immediately above the pubis, and making pressure towards the pelvic cavity, in the direction of the situation of the uterus, or its appendages. In females remarkably debilitated whose abdomens are peculiarly flaccid, we are occasionally enabled to recognize even the promontory of the sacrum in this manner, and can therefore easily determine the existence of

any increase of volume of any organ, situate between it and the pubis.

The taxis per vaginam is in like manner employed either alone, or in conjunction with the preceding mode of examination;—it is usually employed in conjunction with palpation, when it is desirable to ascertain the condition of the body and fundus of the uterus, as well as that of its cervix; it is sometimes employed alone, when having previously assured ourselves of the health of the body and fundus of the uterus, we wish to determine the condition of the cervix only; in no other case can this partial examination be justifiable. In either case the female is placed in the same position as already described, half sitting, half lying, and if the operator stand on the right side of the bed or couch, on which the patient is lying, with the right leg semiflexed, the index finger, or the first and second finger of his right hand, previously oiled, are carefully insinuated within the vagina until they arrive at its uterine extremity;—if palpation be employed at the same time, the extended palm or four fingers of the left hand makes gentle pressure

above the pubis, and the uterus becoming fixed as it were, between the two hands, its volume and sensibility are determined, and any deviation from natural structure in any of its portions, is readily recognized. Employed alone, the *taxis per vaginam*, enables us to appreciate the sensibility, consistency, and form of the cervix uteri, and consequently any deviation from health occurring in its form, volume, &c.

The taxis per rectum, to the employment of which, most females, as well as most practitioners, feel the utmost repugnance, is imperatively called for, where the existence of some impediment in the vagina precludes the possibility of an examination by that passage: suppose for example, a fungus had grown from the cervix uteri, and had filled up, as it frequently does, the whole of the vaginal cavity; suppose too, that it had been decided that the removal of that tumour would prolong the existence of its subject,—provided we were assured it did not implicate the body of the organ,—how should we be able to determine if it has or has not extended so far, excepting by this examination.

In performing this examination, the female is placed in the same position as already described, and the finger (previously oiled), being introduced within the rectum, is enabled through the thin partition separating it from the vagina, to determine the form and volume of the cervix uteri, as well as any change it may have experienced; while palpation being employed at the same time, the body of the uterus may be fixed, as in the *taxis per vaginam*, and its various alterations recognized.

However reluctant we may be to have recourse to this mode of examination,—however unwilling patients may be to submit to it, it must be evident that there are cases in which it cannot be dispensed with, without the risk of compromising the health or life of the patient,—or what is of much less importance, the reputation of the practitioner.

Alterations in the form, volume, consistency, and locality of the uterus, may either result from the presence of disease, or be dependant on the expansion of the uterine cavity, by the product of conception; and consequently, in addition to the three modes of employing

the taxis, already described, a fourth mode is resorted to for the purpose of determining, if the alterations that are recognized, should be regarded as healthy or unnatural phenomena :—this mode of examination is denominated *balottement* (i. e. balancing) ; —in its application the patient is so placed as to bring the plane of the pelvis into the horizontal position, and allow the uterus to sink into the pelvic cavity, when, if pregnancy exist, the fingers (already within the vagina) being placed upon the cervix uteri between the mouth of the womb and the symphysis pubis, will feel, through the neck of the uterus, a hard body like the head of a foetus ; if it be the head of the foetus, a slight blow will impel it to rise in the water in which it floats, (the liquor amnic), in a second or two it will subside upon the finger ; and this balancing repeated two or three times with the same result, will be one of the best modes of distinguishing enlargement of the uterus depending on the distension of its walls, and the expansion of its cavity, as in pregnancy : from that enlargement which results from the effusion or deposition of

matter into its parietes only, as in engorgement scirrhus, &c.

By these various modes of taxis, the form, volume, consistency, sensibility, and locality of the uterus may readily be recognized, and deviations from the healthy standard may be easily appreciated, provided we are acquainted with the phenomena afforded in health.

CHAPTER III.

OF THE PHYSICAL SIGNS RECOGNIZABLE BY THE TAXIS IN
THE HEALTHY UTERUS; IN THE UNIMPREGNATED STATE,
—DURING GESTATION,—AND AFTER PARTURITION.

Of these signs, the first which may be described are
FORM and VOLUME.

Anatomically examined, the uterus of the adult female in the unimpregnated state, is found to have somewhat the shape of a pear, flattened anteriorly and posteriorly, and contracted a little below the centre; its broadest portion or base being uppermost—its smaller portion, or summit, placed downwards. Its superior or broad portion is denominated its body; its lower, narrower and contracted portion is denominated its cervix. Its greatest diameter, which is from above, downwards, is something less than three inches, its transverse diameter; in its broadest

portion, is something less than two inches. Its superior portion or body, which constitutes something less than two-thirds of its whole extent, is with difficulty recognized in the healthy living subject, (except in some rare cases,) but if the abdominal parietes be very flaccid, very thin, and very easily depressed, *palpation above the pubis* may discover a round moveable body, appearing somewhat solid, escaping from pressure, and scarcely recognizable as the fundus uteri, unless by the assistance of the simultaneous employment of the *taxis per vaginam* or *per rectum*.

The inferior third of the uterus—the portion which constitutes the cervix,* extends into the vagina, and is much more easily recognized. By the *taxis per vaginam* it is found to be somewhat of a cylindrical or rather conical form, about one inch in length, from above, downwards, and eight lines in its transverse diameter;—its lower portion (the apex of the cone, formed by the whole uterus) is perforated. In young females this perforation is very small, and almost circular, and imparts to the touch, the sensation of a slight depression in the

* Vide coloured plate.

centre of a small, round, and regular projection—a sensation similar to that experienced by making pressure with the finger on the tip of the nose. In adult women the projection is more considerable, and the orifice is larger, and resembles a transverse aperture, edged with two prominent lips. In most women, who have borne children, the orifice is considerably enlarged, in some it is large enough to admit the point of the finger, and the lips are either disfigured by fissures, cicatrices, or irregularly sulcated projections, or they present globular elevations formed by vesicular follicles ;—similar elevations are often met with within the cervix uteri, and are frequently found on the membrane lining the cheeks and mouth. The cervix uteri is surrounded and embraced at its superior portion, by the vagina, through whose parietes the larger and rounder portion constituting the body of the uterus, can readily be felt.

The natural CONSISTENCY of the uterus is something less than that of the tendo Achillis.

SENSIBILITY of the Uterus. — In the healthy state, moderate pressure made on the cervix, with the finger,

or even with the nail, is scarcely felt by the female, who experiences simply a sensation of contact, without any degree of pain ; but a greater or more violent degree of pressure, by displacing the whole uterus, gives rise to the sensation of a shock. Every feeling of pain, of pricking, or of dragging, produced by proper examination of the uterus, must therefore be regarded as a morbid phenomenon.

LOCALITY.—The uterus is placed between the bladder anteriorly, and the rectum posteriorly. The fundus uteri is situate in the median line of the pelvic cavity, or slightly inclined towards one side, and faces upwards and forwards, when the bladder is a little distended, and the female is in the erect position ; it is inclined backwards, and rests on the rectum, when she is in the horizontal position ;—the truncated summit of the uterus, which projects into the vagina, is situate more posteriorly than the fundus uteri, and at a very little distance from the sacro-coccygeal articulation, especially in females in whom the vagina is loose and flaccid ; whence it results that the uterus as it lodges in the pelvic cavity,

has its longest diameter lying almost in the axis of the brim of the pelvis ; its anterior surface facing downwards and forwards—its posterior surface looking upwards and backwards—its orifice downwards and backwards.

PHYSICAL SIGNS OF PREGNANCY.—The uterus naturally experiences changes in its form, volume, density and locality after impregnation. In the second month of gestation, the body of the uterus felt through the uterine extremity of the vagina, will be found to be increased in volume, and to have consequently an increase in weight, which will make it fall a little into the pelvic cavity. After the third month its fundus can readily be felt above the pubis, and from that period it gradually rises, until in the eighth or ninth month it occupies the epigastric region, at least in those females who are pregnant for the first time ; it is then of an ovoid form, inclined forwards, and sometimes a little to one side ; its consistency is less than in the unimpregnated state, and sometimes a sense of fluctuation may be felt in it, through the abdominal parietes. Per vaginam, this fluctuation is generally easily appreciated,

and by "*ballottement*" a solid body is detected floating in a fluid (the liquor amnii), as already described. After the sixth month, the cervix uteri, gradually shortens, till in the ninth month it is almost effaced, and its lips are considerably thinned, to allow the more ready dilation of its orifice, at the period of parturition.

AFTER PARTURITION the uterus returns nearly to the volume which it had in the unimpregnated state, always however remaining a little larger than it was previous to first impregnation. Immediately after parturition the uterus makes a projection, the size of the fist, or a little larger, in the hypogastric region; at the end of a fortnight it scarcely passes the level of the brim of the pelvis. The cervico-uterine orifice of the cervix uteri, contracts in a few hours after delivery, while its external or vaginal orifice remains widely open;—in the following days the lips of the external orifice gradually approximate, and finally, when the lochia have ceased to flow, they assume the form already indicated, and retain the traces of the ruptures or fissures they may have accidentally experienced.

Mere alterations in the form, volume, consistency, and locality of the uterus, are not even proofs of the existence of disease in it, since they may, as we have seen, equally result from the simple state of gestation—but if they be combined with modifications of the sensibility of the uterus, they are of value as diagnostic symptoms ; therefore alterations in the sensibility of the uterus, are the principal symptoms appreciable by the touch, to be relied on as proofs of the existence of disease in the uterus ; but as every form of disease of the uterus may modify its sensibility ; increased, diminished, or modified sensibility of the uterus, cannot of itself distinguish the *nature* of any disease with which it may be affected.

Alterations in the form, volume, consistency, and sensibility of the uterus, may be produced by a variety of morbid affections, (such as engorgement, induration, scirrhus, &c.) and their existence in the unimpregnated uterus, may prove the existence of disease in that organ ; confirming the opinion at which we may have arrived previously, by regarding the derangement of function manifested by the uterus ; these alterations may prove that

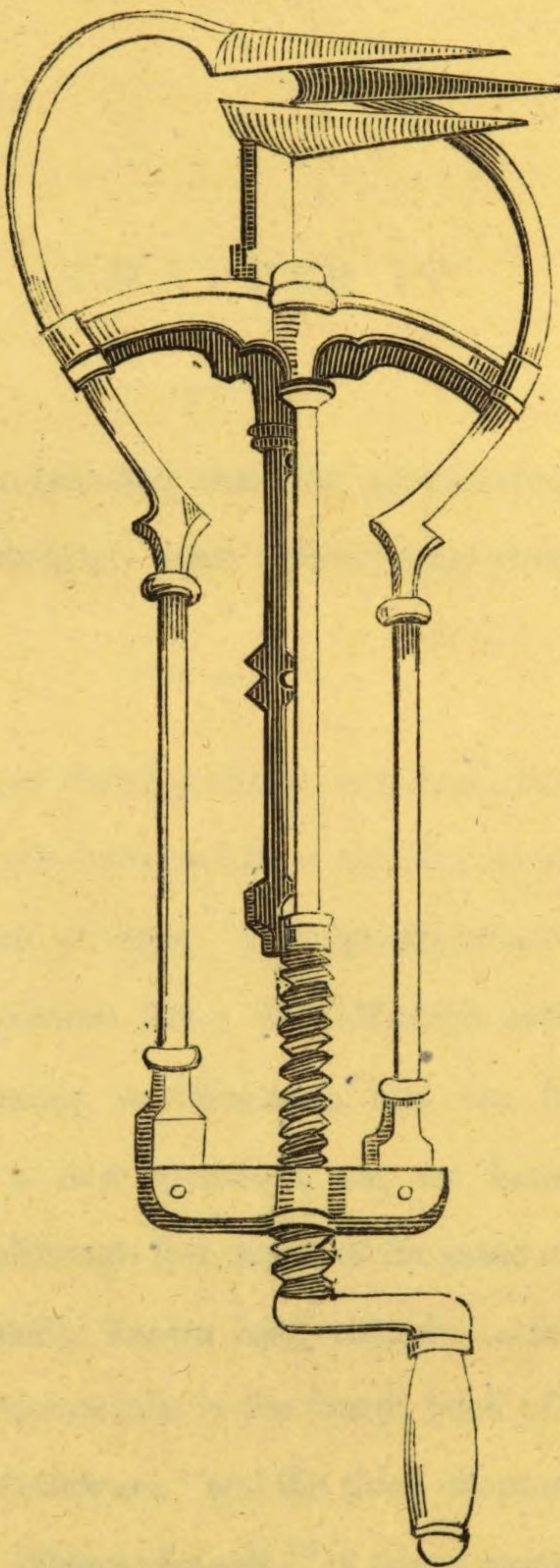
the derangement of function observed, is due to organic change, occurring in the uterus itself, and not resulting from organic change in any other organ, through the medium of sympathy; but they afford no light, or at least but very little, on the nature of the particular affection of the uterus, which gives rise to them; added to which, slight alterations in the form, volume, and locality of the uterus frequently exist for a long period before we are enabled to recognize them by the touch;—the uterus and its appendages are also the subjects of a variety of diseases, which no sense of touch can discover, (such as inflammation of the mucous membrane, ulcerations, abrasions, erythematous blotches, &c.) we are compelled therefore, although reluctantly, to resort to the aid of another sense, (that of simple vision, or of vision assisted by the speculum), in order to determine the presence and nature of disease in the uterus.

CHAPTER IV.

OF THE SPECULUM,—ITS USE AND APPLICATION ; AND OF
THE PHYSICAL SIGNS APPRECIABLE THEREBY.

IT has been said that knowledge is a circle in motion, the same things every now and then turning up and down in the revolutions of time. The speculum seems to have shared this common fate ; for, although latterly it has experienced many modifications, and has been almost regarded as a new invention, yet we have numerous proofs, that, although lost sight of for some centuries, its use was formerly known and valued : — for example, Hieronymus Mercurialis in the fourth book of his treatise “*de Morbis Muliebrum*,” and the third chapter, “*de fluxu Menstruorum Hæmorrhoidali* ;” § *Signa* writes,—“*Cognoscuntur-hujusmodi hæmorrhoides visu, cognoscuntur et*

FIGURE I.*



SPECULUM MATRICIS...JACOBUS RUFFIUS.

* Spachii Opera. Fol. *Argent.* 1597. p. 178.

aliis indicis. Modus cognoscendi, est per *Dioptron instrumentum* dictum SPECULUM MATRICIS, quo utuntur medici ad dilutandū os uteri, ut possint videre oculis affectus ipsius.—Signa.” * &c.

Again,—in the work of Paulus Ægina ‘*De re Medica*,’ in speaking of phimosis in the female, mention is made of a similar instrument. The passage is thus rendered by Rondelet † :— “ L’instrument appelé *διοπερα* estant introduit fermé dans la uulue, après soit tourné pour l’ouurir, affin que les conjonctions du-dit instrument soient eslargies, et la cavité de la feme soit distēdue.” This mode of producing distension is precisely similar to the action of Weiss’s Dilator. (*Fig. 3.*)

Ruffius, in the third book of his work *de Muliebribus* ‡ &c. has given the figure (*Fig 1.*) of an instrument, which he calls *Speculum Matricis*, and of this also Weiss’s Dilator appears to be but a modification. Albucasis likewise has figured,§ under the name of *Vertigo*, an in-

* Spachii Opera, fol. *Argent*, 1597, p 270.

† I refer to Rondelet’s translation, not having the original at hand.

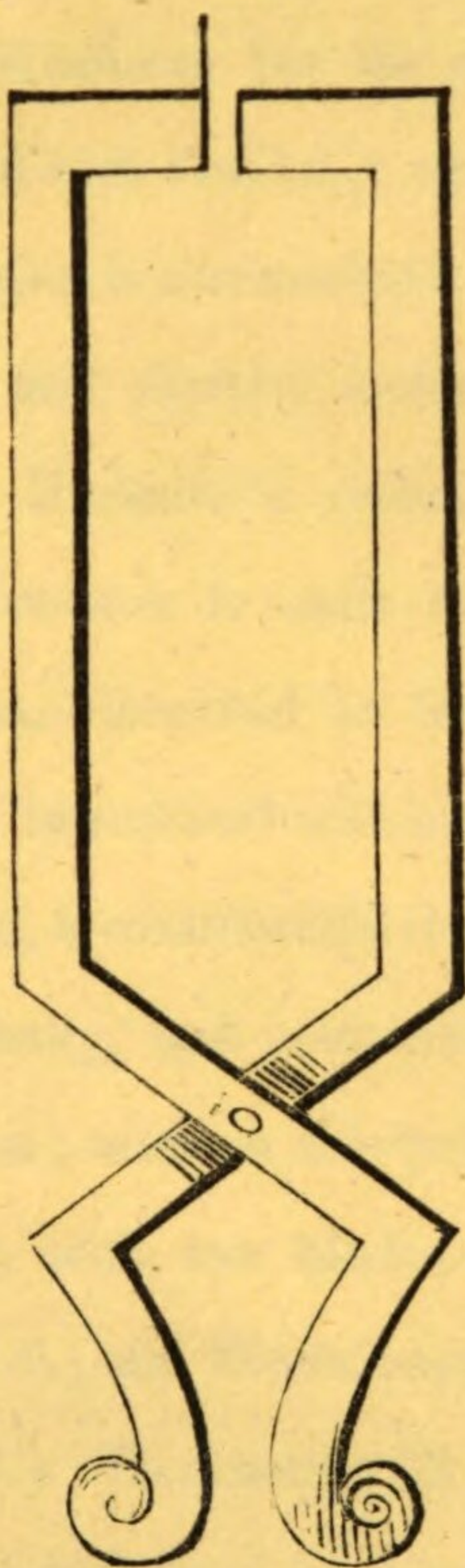
‡ Spachii Op. p. 178.

§ In his treatise ‘*de Affectibus Muliebrum.*’ *idem*, p, 446.

strument with two handles, (*Fig. 2.*) which he calls "*forma alia ad simili illius subtilior et lenior*," meaning thereby, an instrument for the dilatation of the vagina. Indeed, many allusions to such an instrument are to be found in others of the olden writers, and it is not improbable, that it was used by most of the ancient practitioners, who treated diseases of the uterus.

To Recamier, however, the merit of having restored the use of the speculum to modern practice is justly due; the instrument he first employed was nothing more than a conical tube of steel, or other polished metal, about an inch or an inch and a quarter in diameter, at one extremity, and an inch and a half at the other, and five inches in length; introduced within the vagina—it disclosed the cervix uteri, and enabled the practitioner to contemplate its form, volume and colour, and the various changes it might have undergone; but, notwithstanding, the advantage which results from the handle added to it by Dupuytren, (as seen in *Fig. 4.*) it is still an instrument the application of which is generally painful and difficult, because its size is nearly equal to the greatest distension which the

FIGURE 2.*



FORMA VERTIGINIS QUA APERITUR MATRIX. —ALBUCA SIS

* Spachii Opera. Fol. *Argent*, 1597. p. 446.



FORMA VENTURA DE L'ESTRELLA D'OR
DE LA CIUDAD DE MADRID
EN EL AÑO DE 1794

vagina readily admits of, except during the latter period of gestation, or immediately after parturition. Since its first employment in modern times, the speculum has undergone many modifications, but the most important is that which originated with Guillon,* who—reflecting that the orifice of the vagina is surrounded by muscular fibres, and erectile tissue, and thereby contracted; reflecting, moreover, that by Recamier's conical instrument the greatest degree of pressure is made on that contracted portion of the vagina,—invented an instrument with two blades, which being introduced within the vagina closed, allows, when opened, a considerable degree of expansion at the uterine extremity, and comparatively little at the orifice of the vagina; and on this principle are formed Ricord's instrument, with two blades and a moveable handle, (*Fig. 5 and 6.*) and Weiss's new instrument with four blades. (*Fig. 7.*) To describe all the various modifications of specula, which have been proposed,—whether by love of science, or by desire for popularity,—would be

* *Vide* an excellent article on the speculum, by M. P. F. Blandin, in the '*Dictionnaire des Sciences Medicales*,' vol. xvi, art. '*Speculum Uteri*.'

alike tedious, uninteresting and useless. The instruments I have generally found sufficient for all practical purposes, are Recamier's metal tube, (*Fig. 4.*) or a simple glass tube of the same dimensions,—Weiss's Dilator, (*Fig. 3.*) Ricord's two bladed Speculum (*Fig. 5 & 6.*)—and very rarely, Weiss' Speculum with four blades (*Fig. 7*) and of these the one I employ most generally, is the two bladed instrument of Guillon or Ricord. Recamier's speculum is principally of value in cases wherein it is desirable to apply caustics, leeches, and other applications to the cervix uteri, and we wish at the same time to prevent them from coming into contact with the vagina; Ricord's two bladed instrument, or Weiss's instrument with four blades, is advantageous in the examination of women who have borne children, and in whom the relaxed vagina, protruding through the three branched instrument, prevents the free inspection of the uterus. The dilator is most applicable to younger females, or to cases wherein it is desirable that the condition of the vagina should be known, as in Vaginitis, &c. Whatever may be the form of instrument employed, the female should be made to assume the recumbent position,

Fig. 3 A.

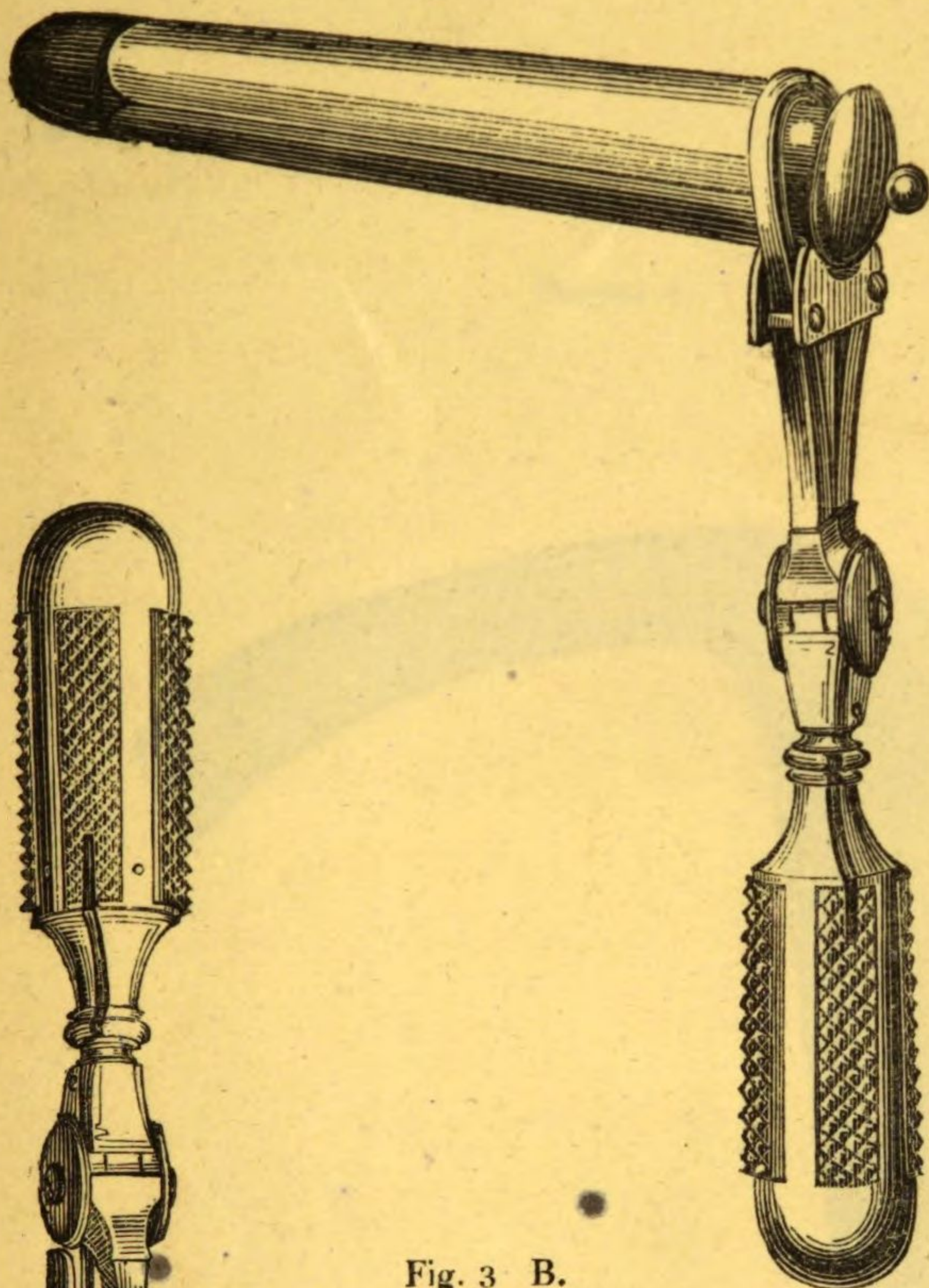


Fig. 3 B.

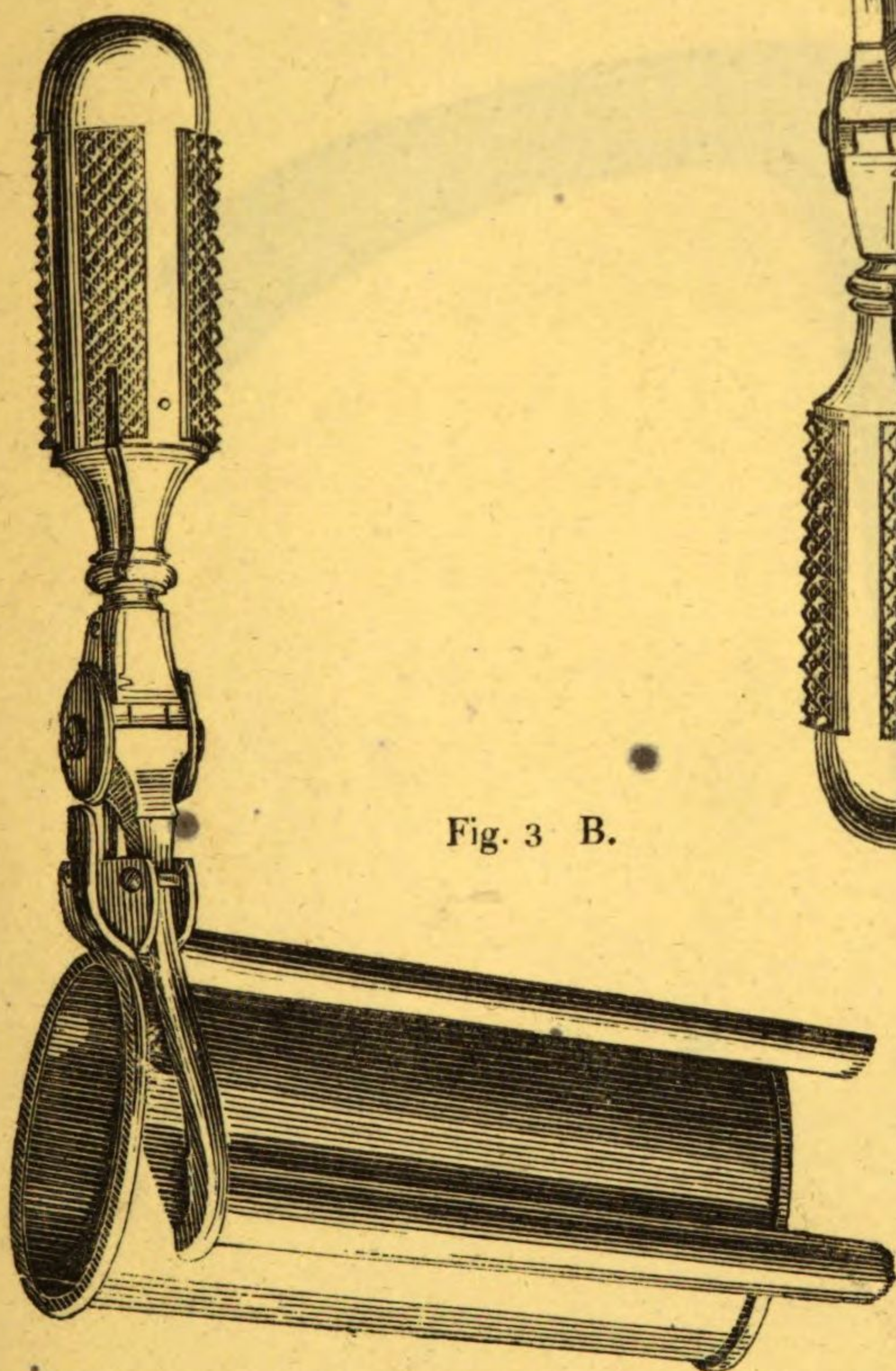


Fig. 3 A, DILATOR VAGINÆ.—WEISS.—Fig. 3 B, Ditto, with tube, to prevent the Vagina protuding through its branches.

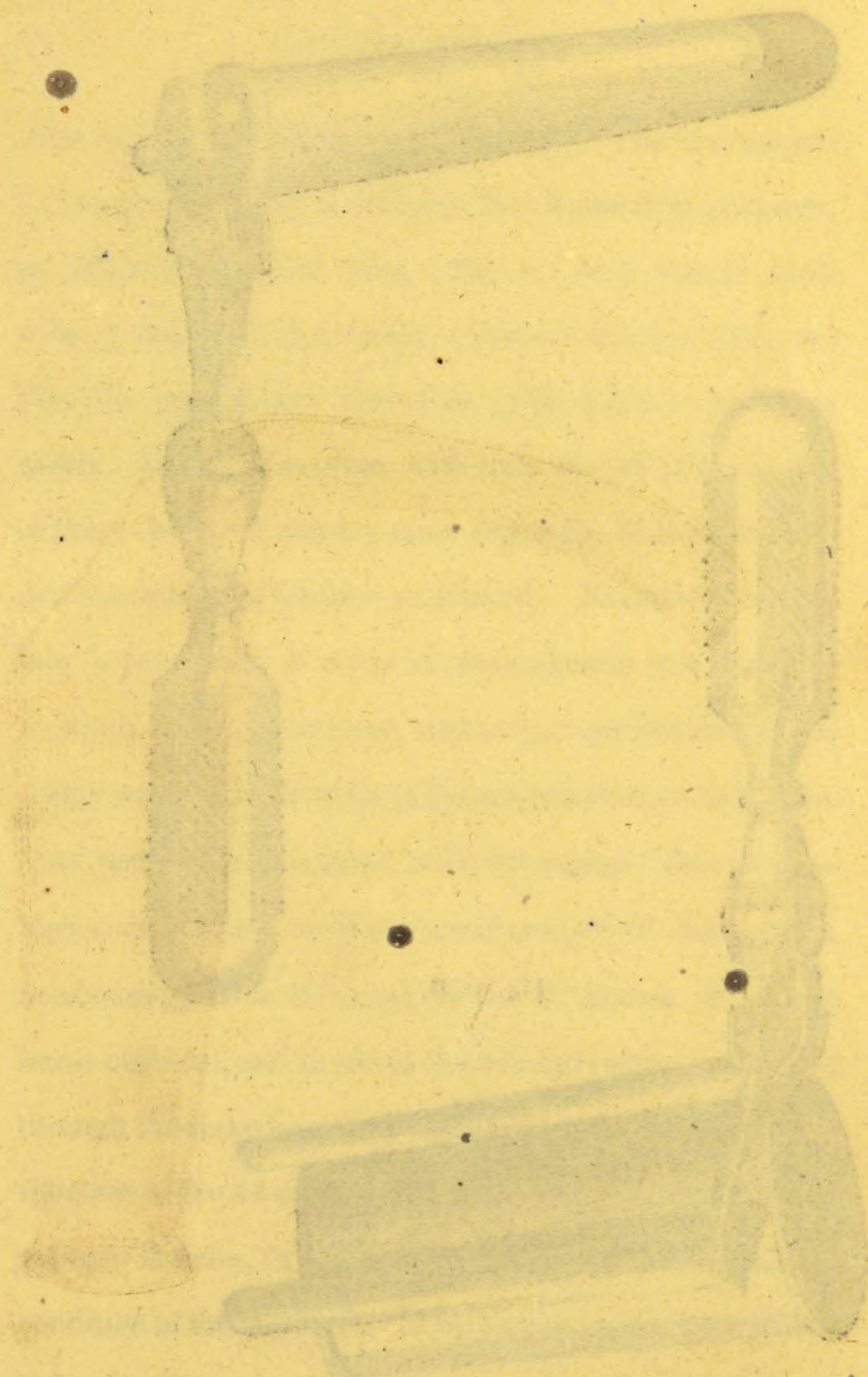
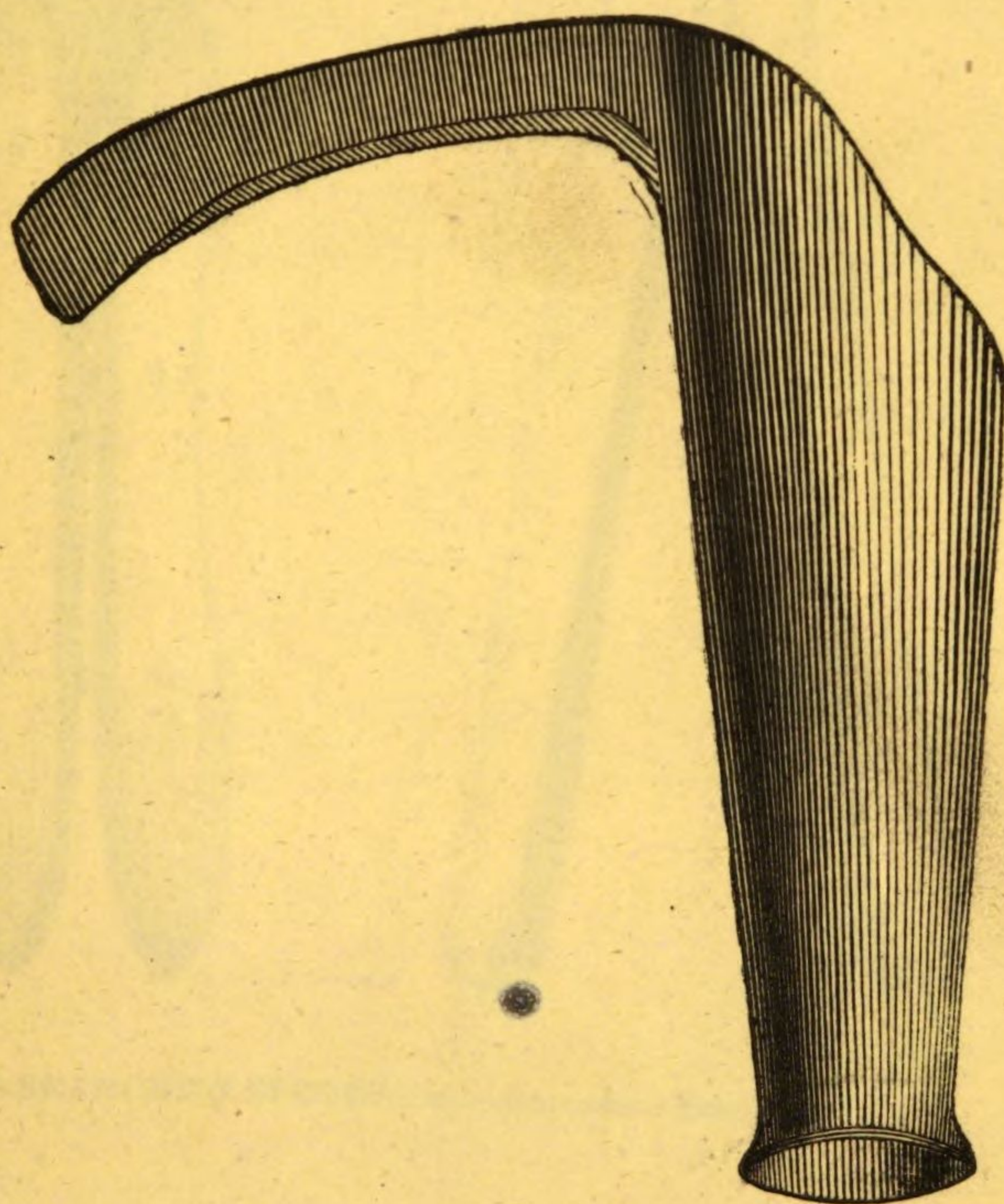


Fig. 2. A. DETAIL OF THE 3-ARMED BRACKET. B. DETAIL OF THE 3-ARMED BRACKET. C. DETAIL OF THE 3-ARMED BRACKET.

FIGURE 4.



SPECULUM UTERI.—RECAMIER—DUPUYTREN.

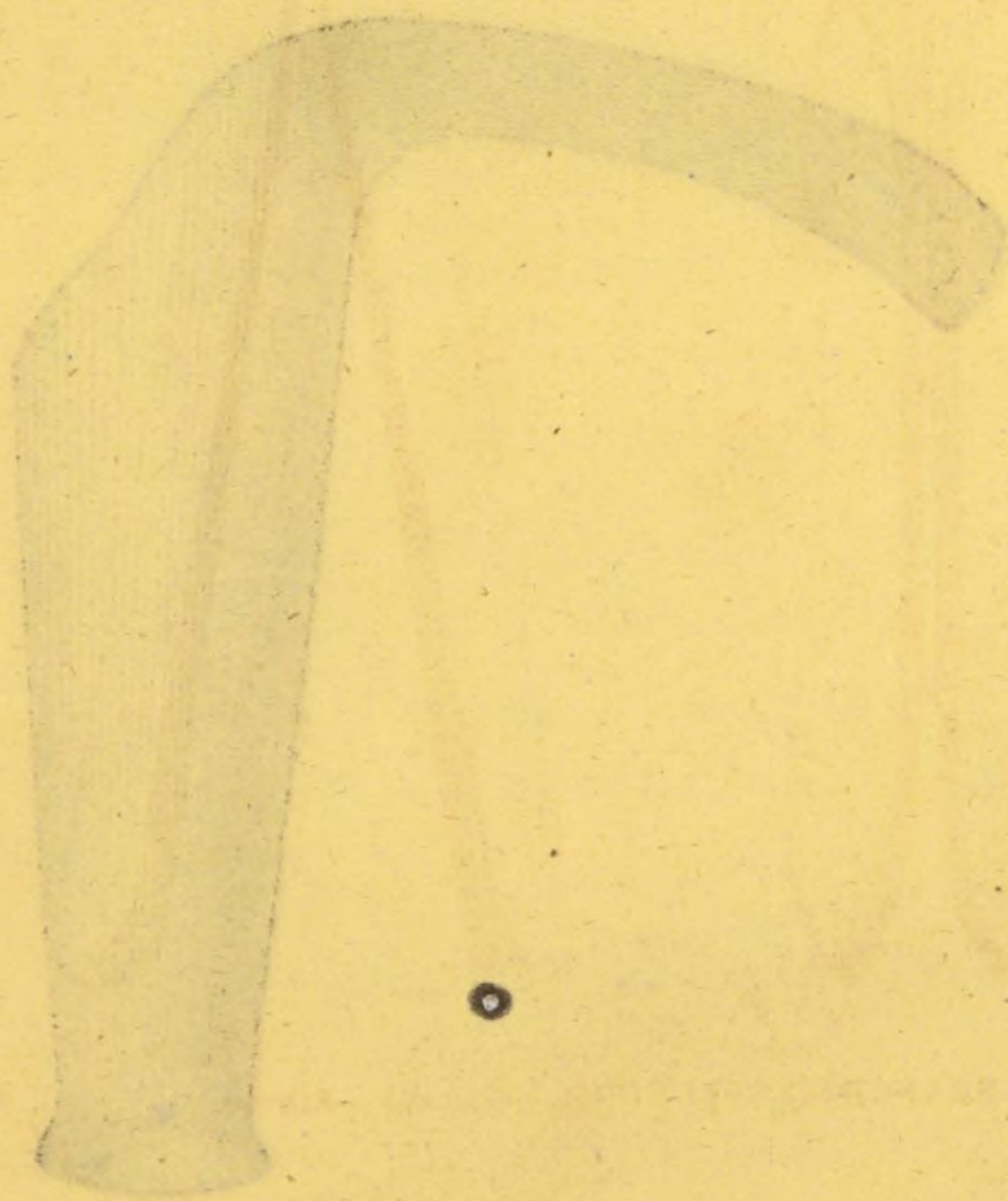
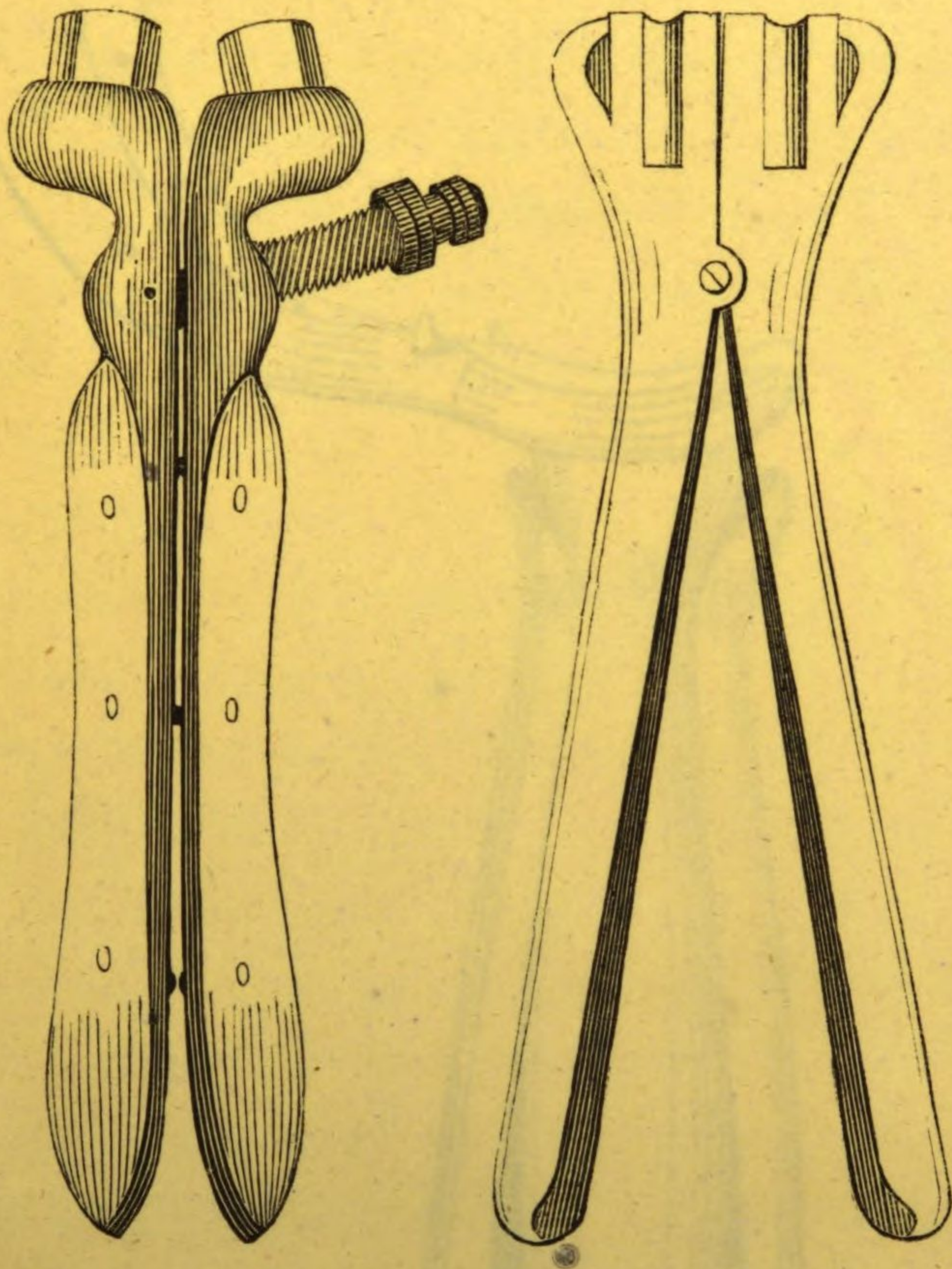


FIGURE 5—6.

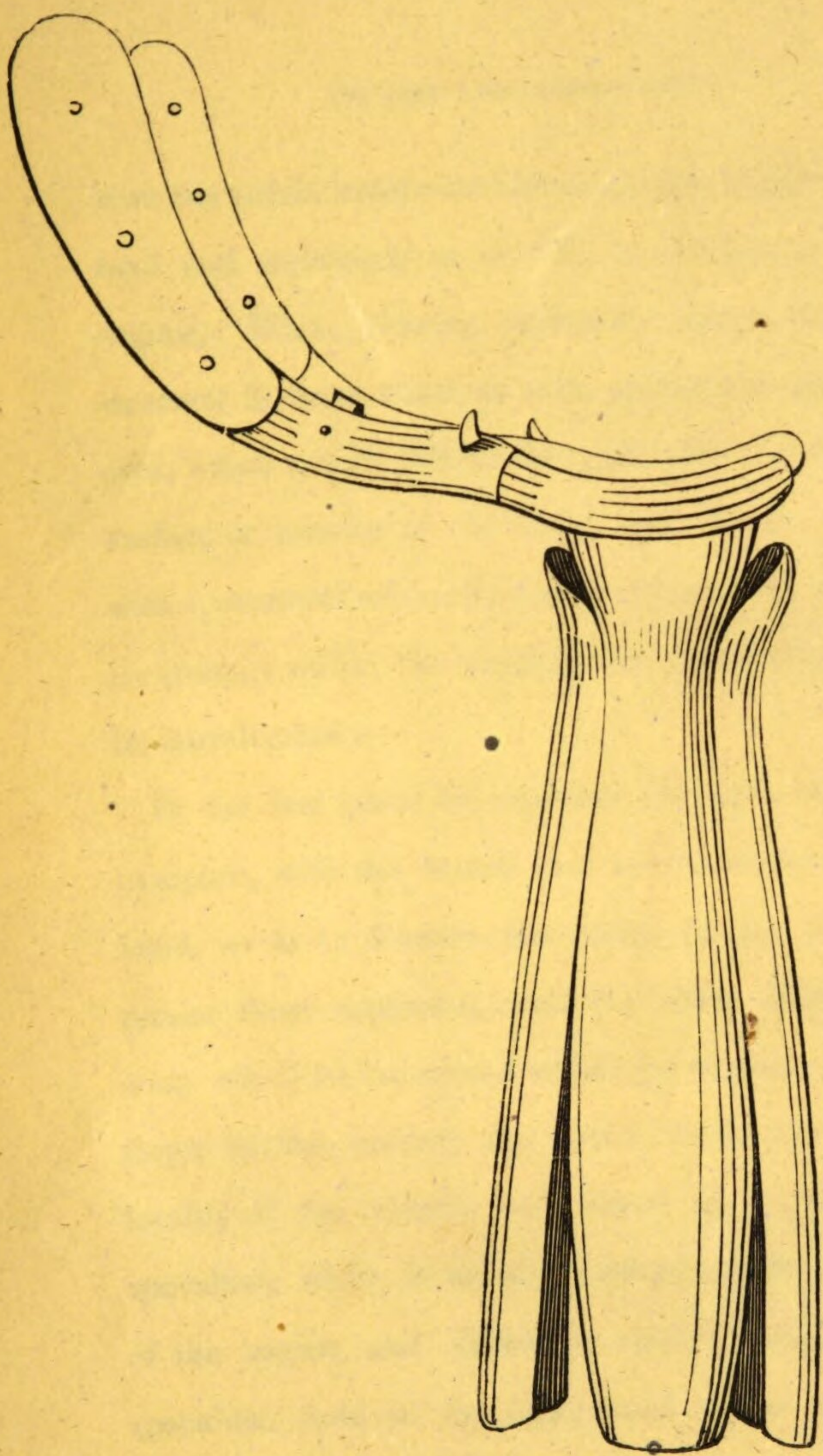


TWO-BRANCHED SPECULUM,—GUILLON—RICORD.



TWO BRANCHED SURGICAL INSTRUMENTS—Hinged

FIGURE 7.



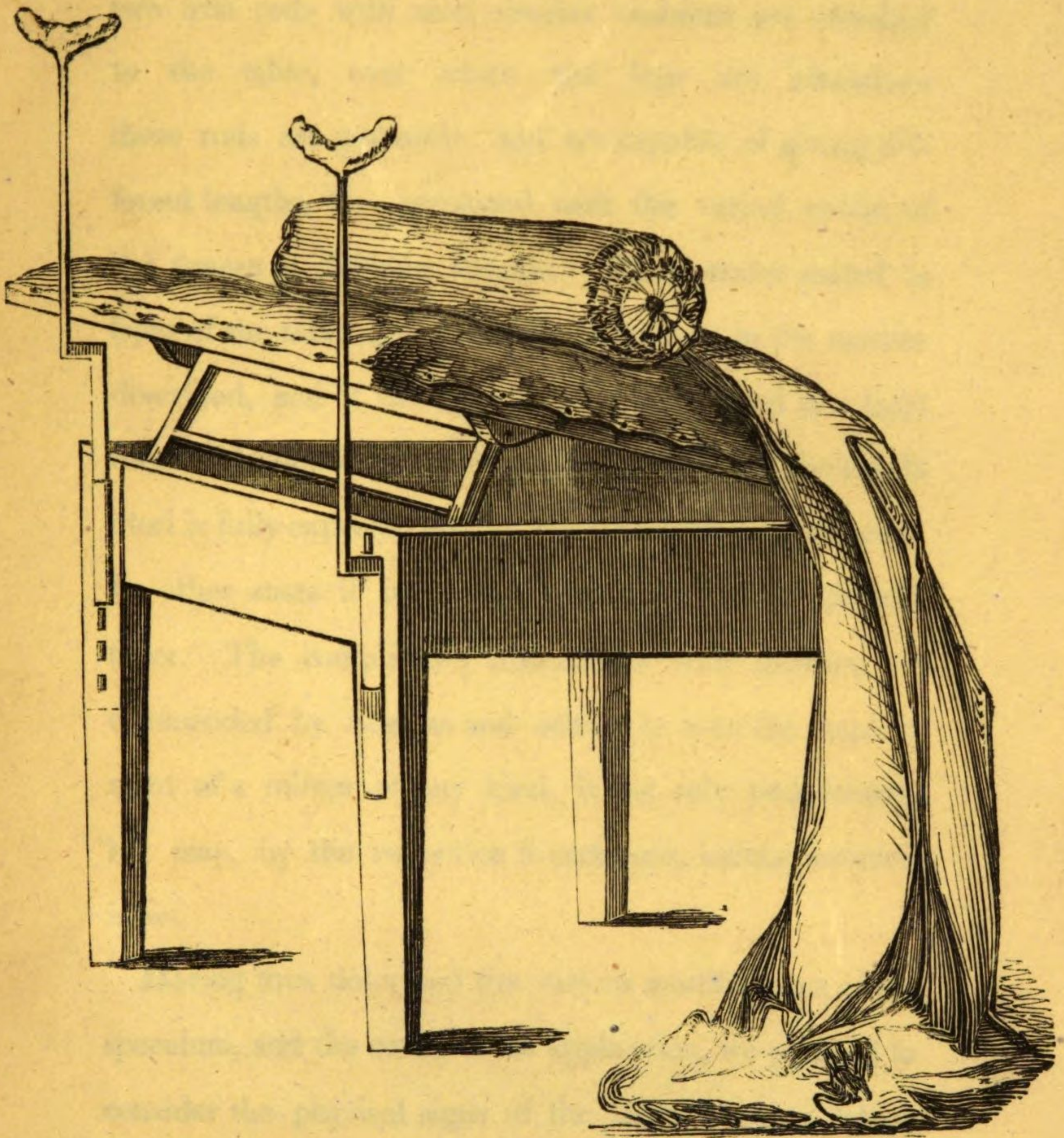
FOUR-BLADED SPECULUM.

with the pelvis somewhat elevated,—the thighs and legs bent and separated, so as fully to disclose the genital organs, When, (having previously immersed the instrument in warm water, so as to prevent the sensation of cold, which usually follows the application of metal to the surface or interior of the body, and having covered it with spermaceti ointment, or cold cream, so as to facilitate its passage within the vagina), the operator proceeds to its introduction :—

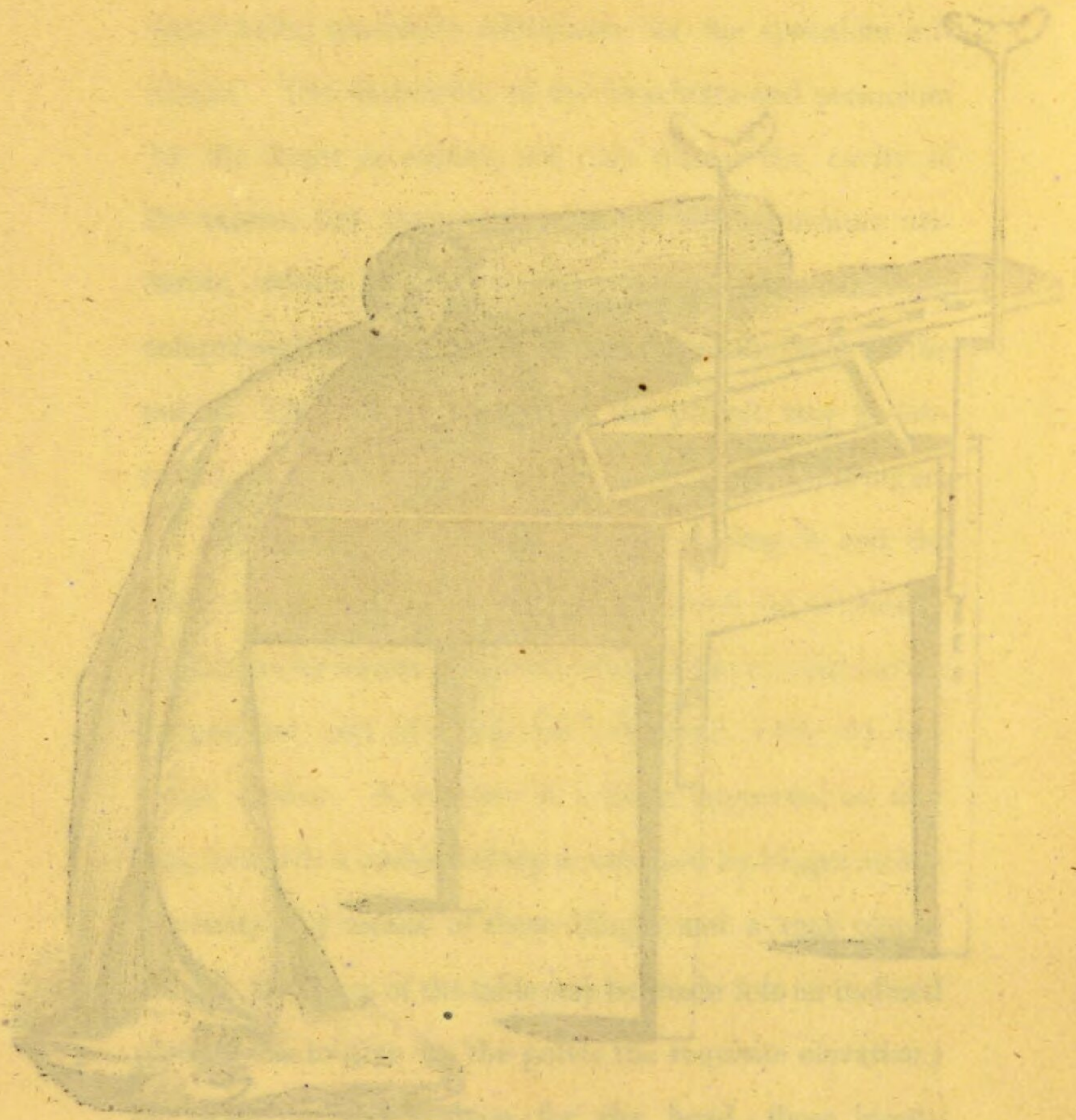
In the first place he separates the labia externa and nymphæ, with the thumb and second finger of the left hand, so as to disclose the orifice of the vagina, and retains them separated, until the index finger (previously oiled) be introduced within the vagina ;—the index finger having reached the cervix uteri, points out the locality of the uterus, and serves as a guide for the speculum, while it makes pressure on the lower part of the vagina, and dilates its cavity ; meanwhile, the speculum, held in the other hand of the operator, is gradually conducted on the upper surface of the finger, along the vagina, till it reaches the cervix uteri,—the

finger being gradually withdrawn as the speculum advances. The depression of the fourchette and perinœum by the finger *in vagina*, not only dilates the cavity of the vagina, but prevents contusions of the meatus urinaris, which might otherwise result, from its being compressed between the instrument and the arch of the pubis. The proper position of the patient may be obtained by placing the patient across a bed, bringing the pelvis close to its side, and supporting it and the head, by means of pillows, but it cannot be so readily attained as by means of a table which I have contrived for the purpose, and of which the subjoined, (*Fig. 8*) is a rough outline. It consists of a frame supported on four legs, to which a cushioned top is attached by hinges at one extremity; by means of these hinges and a rack placed beneath it, the top of the table may be made into an inclined plane, so as to give to the pelvis the requisite elevation; by means of the cushion for the head, those inconveniences may be obviated, which might result from retaining the head in the dependant position. To prevent the legs of the patient getting in the way of the operator,

FIGURE 8.



SPECULUM TABLE.—JONES.



two iron rods with semi-circular cushions are attached to the table, over which the legs are placed;—these rods are moveable, and are capable of giving different lengths, to correspond with the varied extent of the *femora* of different females. The operator seated in front of the table introduces the instrument in the manner described, and if the operation be performed in a light room and the woman be placed facing the light, the cervix uteri is fully exposed, and its condition easily appreciated. In other cases it is necessary to employ the light of a taper. The complicated instruments with mirrors, recommended by Segalas and others, or even the employment of a mirror of any kind, is not only unnecessary, but may, by the refraction it occasions, induce incorrect ideas.

Having thus described the various modifications of the speculum, and the mode of its application, we proceed to consider the physical signs of the healthy uterus which are recognizable by its employment.

If the unimpregnated uterus be examined by the speculum, its cervix is found to be of a pale rose red

colour, in young females ; (*Colored plate, Fig. 1.*) of a brighter hue in middle aged women ; (*Fig. 2.*) and of a faded greyish pink colour in women advanced in years. (*Fig. 3*) It becomes swollen, and is found to be of a darker red, at, and immediately antecedent to each menstrual period. Externally it is always moistened with a coat of thin mucus ; its orifice on the contrary, frequently contains a small quantity of viscid fluid, secreted by the vesiculous glands, or lacunæ (*glandulæ nabothi*), which are situate within its cavity. The membrane lining the cervix uteri in health, is of the same colour as that covering the vaginal surface. During gestation, the latter months especially, the membrane covering the cervix uteri, and lining it and the upper part of the vagina, is of a purplish hue ; probably resulting from the impediment offered to the free return of the blood from the extremities, by the pressure of the gravid uterus ; or rather from the congestion necessary to the supply of materials to the foetus *in utero*.

Fig. 1

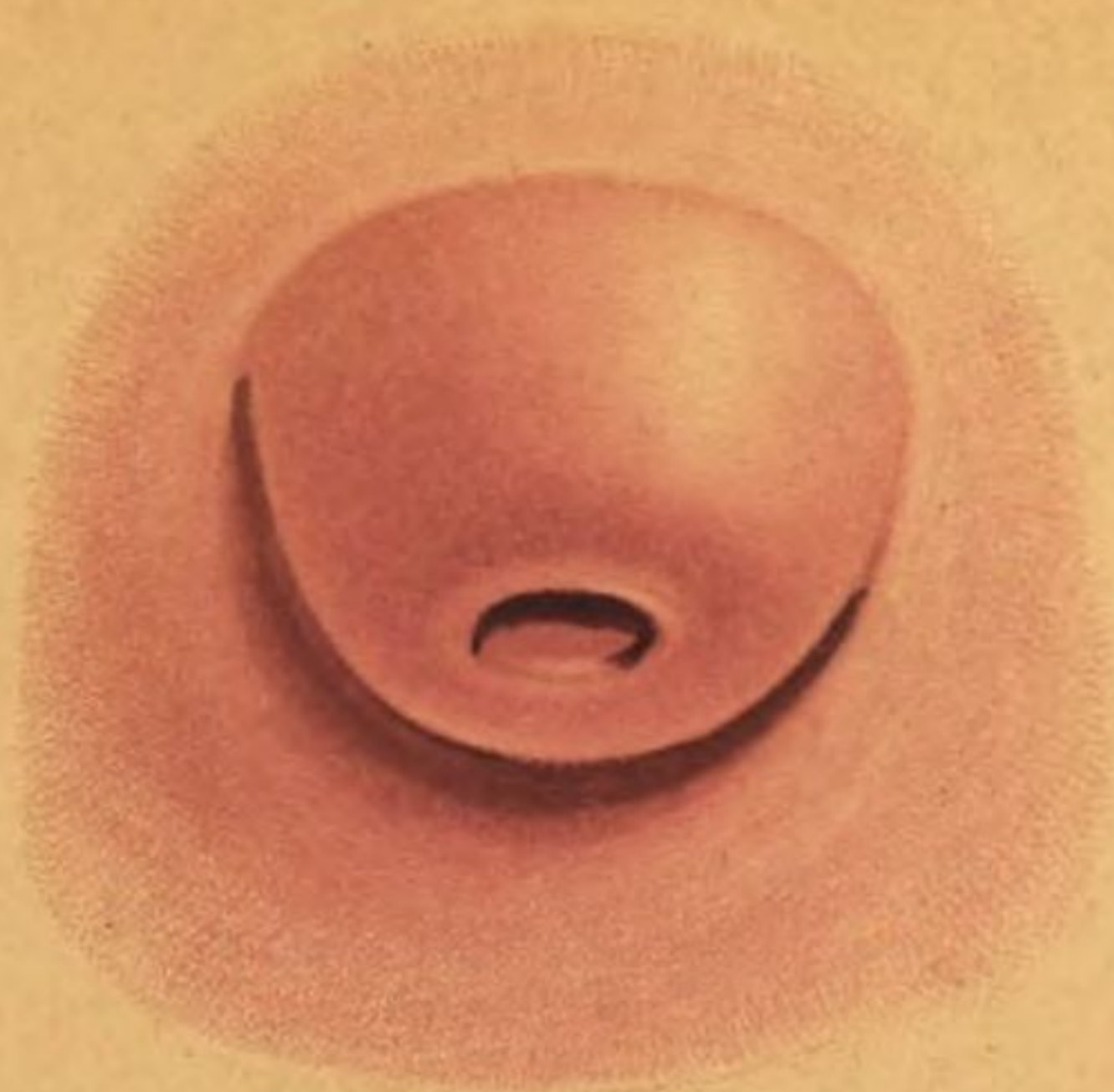


Fig. 2

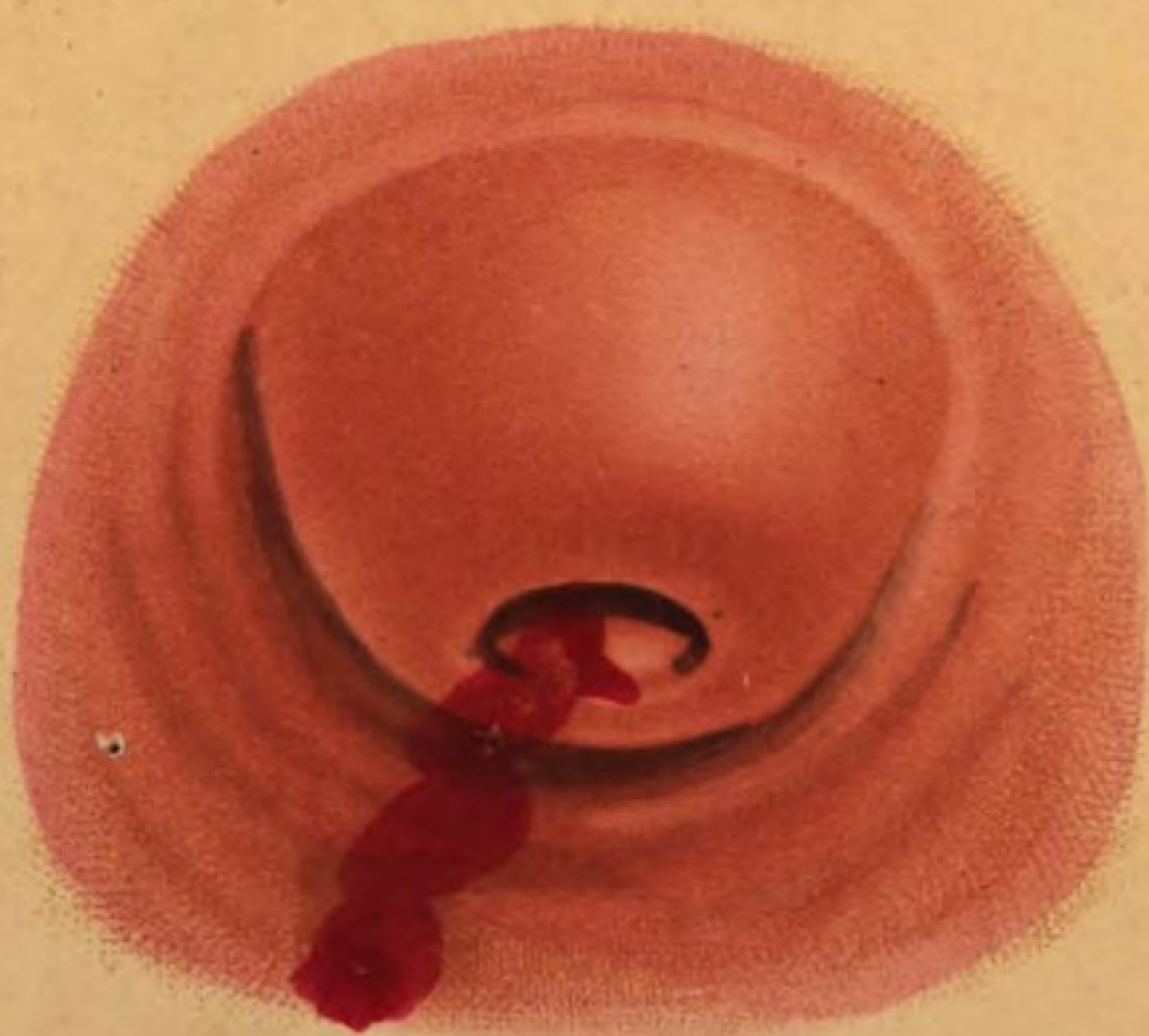


Fig. 3



CHAPTER V.

OF THE OBJECTIONS WHICH HAVE BEEN ADVANCED AGAINST THE USE OF THE SPECULUM.

GREAT and evident as are the advantages which result from the sense of vision, in appreciating the nature of diseases in general, there are some individuals, who assert that the speculum is unnecessary—that its use can never become general; and, not many months have elapsed, since it was publicly asserted in a society of medical men,—and that too, by a man of some reputation in his profession,—that the speculum reveals nothing which cannot be discovered by the sense of touch. It must be admitted,” says Sir Charles Clarke, * “that by the frequent employment of this sense, it becomes very acute, so as to convey with great correctness to the mind,

* *Observations on those Diseases of Females which are attended by discharges*, by Charles Mansfield Clarke, vol. 1. chap. i. (8vo. Lond. 1814.)

the impressions made upon it ;” and certainly great credit must be given to any learned gentleman, who has so educated his sense of touch as to be enabled to discover, by its use only, the presence of simple abrasions, commencing ulcerations, the earlier stages of polypi, &c. within the cervix uteri ; and a variety of other alterations of structure, which less favored individuals are happy in being enabled to recognize even with the eye, assisted by the speculum : not less deserving of credit is he, if having so educated the sense of touch, as to be enabled to recognize the presence of ulcerations, he can by its use only, determine their character, &c. viz. whether they be the result of simple inflammation, or a special cause, as in syphilis, &c.

It has been asserted that the color and appearance of their discharges, will distinguish the various forms of uterine disease ; and an attempt has been made to establish a system of uterine diseases, founded on five varieties of discharges ; but of this mode of diagnosis even its author acknowledges the inefficiency. “ All the discharges from these parts,” says Sir Charles Clarke,

“ come away from the os externum, but they spring from various sources, and are of various kinds. The parts from which these secretions arise, are, first,—The internal surface of the uterus and of the fallopian tubes ;—second,—the membrane lining the vagina ;—third,—the lacunæ of the os externum ; and fourth,—the mucous membrane of the urethra. * These discharges are first,—transparent mucous discharge, which arises from increased secretion in the vaginal surface ;—second,—white mucous discharge from inflamed cervix uteri or vagina ;—third,—watery discharge from cauliflower excrescences, hydatids, or oozing excrescence of the labium ;—fourth,—purulent discharges from inflammation of the mucous membrane, of the womb or vagina ;— and fifthly,—sanguineous, from ulceration, scirrhus, cancer or abscess. Of some diseases of the uterine system, the white mucous and the watery discharge are pathognomic symptoms ; but the sanguineous belongs to none exclusively. Some diseases of the female organs are unattended by any discharge from the vagina. “ An accurate knowledge,”

says Sir Charles Clarke in another place, "of the different secretions from the uterine apparatus and appendages, will very materially assist the practitioner in his enquiries ;" but he afterwards acknowledges "that the existence of the diseases of the uterus, and their kind, can only be known by examination *per vaginam*," and contends "that this should always be proposed and performed, whenever there is reason to believe, from the symptoms, that they depend upon any local cause." * Far be it from me to assert that no information can be derived from the appearance of the various discharges ; such appearances may frequently be as valuable adjuncts to other symptoms, in determining the nature of diseases situate in the uterus, as the appearance of the products of other diseased organs are of value in determining the nature of their respective diseases.

We have seen, for example, that in forming our opinion of diseases of the lungs, we pay attention to the appearance of the sputa,† and if in addition to the peculiar signs

* Op. cit. chap. ii.

† Vide page 25, line 14 and following.

furnished by percussion, and auscultation in pneumonia, we find the sputa of an iron-red colour, we conclude that pneumonia exists; or, if in addition to the peculiar signs furnished by the senses of touch and hearing, in phthisis, we find the sputa viscid, and apparently purulent, and containing tuberculous matter, we suspect the existence of tubercle in a state of ulceration, and our suspicion, in all probability, is proved correct by *post mortem* examination. If, however, we infer the existence of pneumonia, or of ulcerated tubercle, from the mere existence of an iron-coloured tinge in the sputa in the former case; or from the sputa containing purulent matter in the latter, we equally expose ourselves to deception in our diagnosis, and the ridicule of our profession in forming such opinions on such slender grounds. In these cases, as in diseases of the uterus, the appearance of the diseased products, gives additional value to other symptoms, but of itself is insufficient to afford a correct diagnosis.

A whitish, greenish, or yellowish discharge, varying in colour and consistency at different periods, and designated by the name of leucorrhœa, is at times common

to every form of uterine disease; it may result from disease of a distant organ, or from any source of irritation existing in the neighbourhood of the uterus—such for example, as the irritation produced by the exhibition of a drastic purgative, or the presence of worms in the lower portion of the alimentary canal, &c.; and hence, any attempt to relieve the leucorrhœal discharge without a knowledge of the pathological condition on which it is dependant, and which can only be attained by physical examination, is unscientific, empirical, and inhuman. Many valuable lives are hourly sacrificed by the neglect of physical examination in diseases of the uterus; and many virtuous women might yet have adorned their domestic circles, had greater attention been paid to this mode of investigation. Yet such is the tenacity with which we adhere to early conceived notions—such the difficulty with which we are induced to alter the practice to which we have been habituated; that notwithstanding the daily, nay, hourly proofs of its lamentable effects, we continue to tread in the beaten track. Derangements of function, as already

remarked, are regarded as diseases, and are attacked and treated as such, without any attention being paid to the alteration of structure on which they are dependant, and consequently without any well-directed effort to restore them to their normal condition ; and in leucorrhœa, for example, we find one author congratulating himself on having discovered a remedy (nitrate of silver), which may be used with advantage in all cases of vaginal discharge not dependant on deranged structure (by which I presume, he means scirrhus cancer, polypus, &c.), notwithstanding the presence of inflammatory symptoms. Another proposes that “to render the use of the speculum unnecessary, the ergot of rye should be used in all cases of leucorrhœal discharge.” What is the consequence of this ridiculous practice? As has been judiciously remarked by Dr. Blundell,* “under such management, leucorrhœa is found to be an intractable disease, and women go on using astringents for months or years in succession, and at the end of that time are in the same condition as when they first began.”

* *Lectures on Midwifery, &c.* by James Blundell.

In amenorrhœa, the suspension of function being regarded as the disease, no attention is paid to the actual condition of the uterus; but aloes, myrrh, savin, rue, &c. are exhibited, and palliatives are resorted to in order to diminish the suffering communicated to distant organs by the primitive affection; and these are the only means relied on. By such treatment some few cases are relieved, but many others are aggravated. Dysmenorrhœa when similarly regarded, is treated in the same manner; camphor is administered in large doses; bougies are introduced within the cavity of the cervix, &c., and the same varied results are obtained. Menorrhagia, regarded as the actual disease, is treated with astringents, by which the hæmorrhage is occasionally suppressed, while the disease, which gives rise to it is totally disregarded, &c. and perhaps aggravated by the treatment employed—proceeds insidiously, until at length, it destroys the patient. “Polypus uteri,” says Gooch,* “is commonly

* *An account of some of the most important diseases peculiar to women*, by Robert Gooch, M. D., 8vo. Lond. 1829, p. 259, *et seq.*

for a long time mistaken for profuse menstruation; the patient instead of menstruating regularly, and moderately, has frequent, and profuse hæmorrhage from the uterus, and in the interims a pale discharge; these gradually drain her circulation, and injure her health, until she acquires the deadly paleness, and suffers the complaints which are the ordinary effects of deficiency of blood. The absence of pain in the uterus, or pelvis (for there is often none, and never that degree which attends the malignant diseases of this organ), leads to no suspicion that the hæmorrhages depend on diseased structure. Tonics and astringents are administered in various forms; one practitioner is consulted after another, till at length the uterus is examined, and a polypus is discovered.”*

However varied, and opposite (as ever must be) the modes of treatment of the same disease adopted by different medical men (so long as derangements of functions shall be regarded as actual and primary diseases;) each practitioner boasts his cures, remembers

* *Vide* Part II. Case 33.

his successful cases only, and calling his unsuccessful ones anomalous cases; marches on with the fullest conviction that the treatment which cured the symptoms he regarded as the essential disease, is the universal and sovereign mode of practice to be adopted, whenever the same symptoms shall again occur.

With us, however, henceforth, the various derangements of function of the uterine system, will be regarded not as diseases, but as indications of disease. Amenorrhœa will be considered (as the term implies) a suspension of function, dependant on disease of the uterus itself, or of some other organ, with which it is connected by sympathy, if it be proved to be due to the existence of alteration of structure in the uterus itself, the nature of such alteration will have to be determined; if it appear to be produced by disease of some other organ, that organ must be discovered, and the nature of its disease determined, before the amenorrhœa can be treated successfully. Dysmenorrhœa will be regarded as implying difficult menstruation, usually dependant on disease of the uterus itself, but like amenorrhœa, capable of being

produced by disease of some other organ ; and in like manner the nature of such disease must be determined, before we can commence a scientific treatment. Menorrhagia will imply nothing more than profuse menstruation, (very frequently confounded with hæmorrhage), capable of being produced by any cause, which can irritate the uterus, at the period in which its organic action is naturally increased. Leucorrhœa will be looked upon as signifying a discharge from the vulva, of a whitish, greenish, or yellowish color, either proceeding from disease of the uterus, or its appendages (the vagina, fallopian tubes, urethra, &c.) or from disease of some other organ ; and here, as in the other cases, if it be dependant on the disease of any portion of the uterine apparatus, that portion will have to be discovered, and the nature of its alteration distinguished. If, on the contrary, it be due to the suffering communicated to it by some other organ with which it is connected by sympathy, that organ will have to be recognized, and the nature of its disease determined.

With us the only evidence of the NATURE of diseases of the uterus and its appendages, giving rise to these

derangements of function, will be alterations in form, volume, consistency, sensibility, locality and colour; to be recognized by the employment of the sense of touch, combined with that of simple vision, or of vision assisted by the speculum.

With Duparcque,* we shall lay it down as a general rule, that the disorders of menstruation, whatever they may be, are commonly only manifestations—the result or consequence of the existence of organic alterations of the uterus.

Many, and in fact, most practitioners of the present day, agree in the necessity of the taxis in discovering diseases of the uterus; while they are, or profess to be, horrified at the very idea of the speculum. “The exposure,” say they, “indelicate! shocking!” and yet these individuals are the first to propose ocular external examination, horrible and indelicate as they term it, provided a female patient should consult them for a case of fistula, or of ulceration in the labia, whereas, because the disease

* *Traité théorique et pratique sur les altérations organiques, simples et cancéreuses de la matrice*, par F. Duparcque. 8vo. Paris, 1837.

happens to be a discharge, which may either proceed from ulceration within the vagina, or be the forerunner of a more important, and perhaps fatal disease, it is indelicate forsooth, to make use of the only means by which its nature can be discovered, and its progress arrested.

“In considering,” says Sir Charles Clarke, “the complaints of these organs, it does not appear that they are more easily discovered than those in other situations ; they require as much and as attentive investigation ; they are not less numerous or more simple than those of other parts ; and by conjecture truth is not to be elicited. But let it be granted that they are simple, is it not customary in other instances to pay a nice attention to simple complaints ? Is it usual to prescribe for a sore throat, without looking at the fauces ? If a patient have a purulent discharge from the anus, is it not the business of a surgeon to examine whether fistula be present ? If a man advanced in life, have a mucous discharge from the urethra, the practitioner would suspect disease of the prostate gland, and would not be satisfied without making the necessary examination. These instances need not be

multiplied. If all this be so, it is equally right for the practitioner to examine a female patient, whenever he believes that disease is present, to ascertain its existence or to distinguish its character."

"In gonorrhœa in the female," says another author,* "a strict ocular examination is indispensable; indeed it cannot be impressed too strongly on the minds of the junior members of the profession. The natural delicacy of the patient, or the false delicacy of the practitioner, ought at once to succumb to this necessary step in the investigation of the case."

Not only is ocular examination necessary previous to forming an opinion in a suspected case of gonorrhœa, or rather urethritis, in the female, but of itself is insufficient, even in conjunction with either of the modes of taxis already described; and to justify the opinion of the existence of such form of disease, it is necessary to have recourse to a further examination, which consists in introducing the finger within the vagina, and pressing the

* *Practical Observations on Leucorrhœa, &c. with Cases*, by G. Jewell, M.R.C.S. 8vo. Lond. 1830. Chap. vi p. 101.

urethra forward against the arch of the pubis ; when, if the disease exist, purulent mucus will be found to exude from the meatus urinarius, and leave no doubt as to the nature of the affection. All the other symptoms, usually regarded as proofs of the existence of gonorrhœa,—such as ardor urinæ, swelling of the labia, and discharge from the vulva—are very doubtful symptoms, and may result from a variety of causes. Ardor urinæ may, and frequently does occur as a sympathetic effect of disease in the uterus. The passage of the urine over a simple abrasion or ulceration of the labium,* would give rise to a sensation, which the patient might describe as ardor urinæ, &c. ; swelling of the labium and discharge from the vulva, may, in like manner arise from a variety of causes.

The distinction of urethritis from vaginitis, whatever may have been the cause of either, is of the utmost importance in its treatment, because those medicines which act specially on the urethra (copaiba, cubebs, &c.) may materially and speedily relieve the former, but will have little or no effect upon the latter.

* *Vide* Part II. Case 18.

The evidence of vision is asserted to be unnecessary in the appreciation of disease of the uterus, and yet in the discrimination of the numerous diseases of the skin, the tonsils, the ear, the eye, &c. the evidence of vision alone is principally to be relied on. In post mortem examination, the eye is the organ by which is principally determined the nature of the disease which may have preceded, or produced dissolution; the eye is the organ which affords the clearest and most important indications, in every disease which can come within its scope in the living subject;—the lynx eye it is which constitutes the great accomplishment of the physician; and without an eye he would rarely be consulted even by the public, much less by his professional brethren. I am inclined to think that a blind physician would not often be encumbered with fees. Why then should we banish so important an organ as the eye from our service, or raise such an outcry against its assistance by the speculum?

Women, it is asserted, will not submit to the employment of the speculum. To this assertion, however, I must beg to offer my unqualified denial; because for the

last four years I have myself been engaged in the daily (I might almost say hourly) use of the speculum, as well in private as in dispensary practice, alike in the humbler, the middling, and the higher classes of society ; and I have rarely met with the objections and prejudices which some practitioners assert to exist against its use. Indeed, I have rarely found women those senseless beings which some individuals would induce us to believe them ; and I have yet to discover one, even one, who would prefer retaining a loathsome and perhaps fatal disease, to submitting to any examination for its removal, provided the nature and object of the examination were properly explained to her, and she were, by such explanation convinced of its necessity, and of the total impossibility of adopting any scientific treatment, without its employment.

Women readily take alarm, and the bare name of an instrument is frequently sufficient to fill their minds with horror ; but let them be made to understand that no pain can possibly be inflicted by the speculum (except in the hands of a rude operator), let it be explained to them, that it neither bruises, cuts nor injures them in any way ;—

let them be convinced that although painful to their feelings, it is equally unpleasant to the feelings of the practitioner, and that nothing but a stern necessity—a consciousness of imperative duty—impels him to adopt it; let it be proposed with caution, circumspection, and delicacy; let the confidence of the patient be first gained, and then let the proper moment be taken for its employment; in short, let any practitioner who can duly appreciate the speculum, and who is convinced of its necessity in a given case, only act towards his female patient with the same firmness and kindness that he would manifest towards his mother, his sister, his wife, or his daughter, were she afflicted with uterine disease, and rare indeed will be the objections made by women to the employment of the speculum.

“Manner is something with everybody, and everything with some,” says Heber; and in nothing is its value more fully manifested than in using the precautions necessary to the proposal of the speculum. The practitioner who proposes its use in an arbitrary manner, without previous preparation—without regard to the natural feelings and

delicacy of the patient, will rarely have his request complied with; whereas he who adopts it after having induced the patient to view it in the distance, as it were, strips it of all its imaginary horrors, and readily obtains her acquiescence in its application. If any additional argument were necessary to induce us to request a woman to submit to the application of the speculum, we might call to mind an observation to be met with in Sir C. Clarke's *Treatise on the Diseases of Females*, p. 54,—“It should also be recollected,” says he, “that it is no inconsiderable comfort to a patient, who believes herself to be afflicted with some fatal complaint, to be informed after such an examination, that no such complaint exists. The human mind is prone to look on the dark side of objects, and for the sacrifice, which on this occasion, the woman makes of her feelings to her health, she often is amply compensated by the information acquired;” while the practitioner, by one single examination, and the information thereby obtained, is enabled to proceed scientifically in the treatment of a disease (if any exist), of whose nature he would otherwise have

been in total ignorance, and whose symptoms he would have been incapable of relieving, even if he had not materially aggravated the alteration of structure which induced them.*

An objection to the employment of the speculum is sometimes raised by male relatives ; an objection too frequently arising from their own sensuality, and from an unjustifiable want of confidence in the practitioner ; but surely if a medical man be worthy of confidence in any case, he is worthy in all ; if he be so lost to every principle of honor, honesty, and virtue, as to be undeserving the confidence of the public in any situation, he is alike undeserving in all, and requires not the speculum as an excuse for the perpetration of his villainy.

I can readily commiserate the delicately painful situation of the woman whom circumstances compel to submit to the employment of the speculum ; and I should be the last to deprecate that exquisite sense of modesty inherent in the sex ; which, “like the sunbeam on the diamond,” adds force to its beauty, and exalts its

Vide Cases 13, 14, 18—and colored Plate No. II.

lustre ; but which, unfortunately, too frequently induces ladies to conceal their sufferings till the period has passed when they might have been relieved ; yet, where health and happiness are dependant on the employment of the speculum ; where, by its use, the charms and ties of social life may be made more binding and permanent, and life itself be prolonged ; or where the pallid, dejected, and sickly countenance may, by its means, be transformed into the roseate, glowing, animated hue of health, I deem it my imperative duty to urge its employment ; nor can I suppose a woman to exist so void of common sense, as to refuse a compliance ; nor yet a being, worthy the name of man, attached to a mother, to a sister, or to one still more nearly allied to him, who could weigh a momentary sacrifice of feeling against years of happiness, or induce such patient, afflicted with uterine disease, to refuse consent to a proposition intended solely for the restoration of her health, provided it were accompanied with such a degree of feeling and delicacy as becomes a medical practitioner, and evinced, on the part of the proposer, a conviction of its absolute necessity, to the attainment of

correct knowledge, and an anxiety to mitigate the sufferings of the patient, and to restore her to the enjoyment of health.

It cannot be denied that some cases of uterine disease have been, and continue to be treated successfully without any such mode of examination being resorted to, especially in young and unmarried women;* but such practice adopted in other cases, frequently leads to very serious results.†

Fully convinced of the total impossibility of forming correct diagnoses in diseases of the uterus, or its appendages, without the assistance of physical examination, I have long since felt the equal impossibility of commencing a scientific treatment without its employment; and whenever I have reluctantly yielded to the wishes of individuals, or to the common usages of the profession, by *commencing* a treatment founded on the obvious existence of certain derangements of function, without a knowledge of the alteration of structure on which they were

* *Vide* Part II. Cases 24, 25, 28, &c.

† *Vide* Part II. Case 22.

dependant (as I have frequently been compelled to do,) it has been solely for the purpose of gaining the confidence of the patient, and of seizing at some subsequent period (provided the symptoms did not yield to the palliative treatment I might chance to employ), a proper opportunity to explain to her that the symptoms observed might result from any one of a great number of different diseases, of which the particular affection which gave rise to them in herself, could only be determined by physical examination, and to solicit her submission to its employment; telling her, at the same time, that without a knowledge of the nature of her disease, we might continue our hazardous treatment for months or years in succession,—might exhaust the whole range of the *materia medica* in our fruitless efforts to relieve her, and find at last, too late, that instead of mitigating her symptoms, we had only been aggravating her disease, and converting a simple and easily treated affection into a formidable, appalling, and perhaps fatal malady.

Another objection which has been raised against the

speculum is, that it may be used unnecessarily, and may not afford a single symptom that could not have been discovered by other means ; but this objection is untenable, for negative evidence is frequently as valuable as positive ; if, for example. a patient had complained of profuse discharge from the vagina, and on examination with the speculum, the vagina should exhibit no change of structure to account for it, we should thence infer that it did not proceed from disease of the vagina itself, but from the suffering communicated to it by some neighbouring or distant organ, and we should then have to determine what organ it were whose derangement had given rise to it ; the speculum is not *therefore* unnecessary, but it is unnecessary *when it cannot be made use of* ; when, for example a simple disease has been allowed to proceed insidiously, unnoticed or disregarded, and has filled up the whole of the vagina with a morbid growth, (as in case 22)—or when in the advanced stage of cancerous affections,* the vagina is contracted by the deposition of the morbid material, and the finger passed over it instantly recog-

* *Vide* Part II, Case 23.

nizes that peculiar sensation characteristic of cancer or scirrhus disorganization, which must be felt to be appreciated, but which having been once felt can never be forgotten. In every other case it is necessary ; for, although it be true that we may recognize the presence of a tumour by the touch, we cannot determine the nature of that tumour without ocular examination, and should confound (as frequently has been done) fungus with polypus, scirrhus with simple induration, &c.

“The speculum uteri,” says Lee,* “has been much employed on the continent in the examination of diseases of the uterus ; and in some cases of inflammation and superficial ulceration of its orifice, important information may be obtained by its use. In many more, however, and particularly in tumours and cancerous affections of the uterus, &c. we are fully persuaded that little information can be obtained from the employment of it ; its introduction is painful, and where the vagina is diseased, it has produced most injurious effects. In a case of malignant

* *Encyclopædia of Practical Medicine*, by Forbes, Tweedie, and Conolly : Art. *Pathology of the Uterus*, by Robt. Lee, M.D. p. 377.

ulceration of the os uteri and upper part of the vagina, which came under our observation, the introduction of the speculum produced hæmorrhage, which proved fatal in the course of twenty-four hours." In answer to the latter part of this paragraph, I would ask, if the abuse of an instrument be any argument against its proper employment?

Not only is the employment of the speculum necessary to form a correct diagnosis in diseases of women, but it is incumbent on the practitioner to take care that it be employed, at least in every case which has been of some duration; those diseases alone excepted which are accompanied by unequivocal evidences of their nature, appreciable by other means.

If what has been previously advanced be true, it must be evident I think, to every sensible mind, that the speculum is a valuable instrument;—that by its use information may be attained that cannot be acquired by any other means; and that, consequently, remedies may be suggested for the relief of uterine diseases, materially differing from those which would have appeared most

beneficial in the absence of its employment; and hence we must admit that the practitioner who, in the present advanced state of pathological science, neglects its employment in the cases indicating its necessity, incurs an awful responsibility, if he be not highly culpable. "But perhaps," as says Sir Charles Clarke, in reference to the taxis, "the nature of his other avocations may not lead him very often to meet with uterine diseases; and he may be too little acquainted with the state of the parts to draw any just conclusions from this investigation. If this be an excuse for not making the examination himself, he should take care that this very necessary duty should be performed by another, who is competent and accustomed to make it, and who possesses ability to describe with accuracy, what has been found on examination;" the same may be said in reference to the speculum. All the objections I have hitherto heard urged against the *proper* use of the speculum are alike untenable and unscientific; and therefore I would apply to it the language which Dr. Blundell* has so well

* *Principles and Practice of Obstetrics*, by James Blundell, M.D., edited by T. Castle, M.D. 8vo. London, 1834. p. 428.

applied to the operation of transfusion. "The more the discussion, the more objection and defence it has to undergo the better. If it be grounded in error let it perish ; if in just principles, it must survive. From the most violent conflicts of opinion truth has nothing to fear ; though long to us, to her a thousand years are but as one day—a point—a nothing in the eternity of her duration. Oppressed amongst us, beneath the chaos of human follies and errors, she must, she will emerge unhurt at last—unchangeable as her Author. By the mere force of durability she must ultimately stand alone, solitary amid the wreck of those perishable materials by which for a time she is overwhelmed.

The stars may fade away—the sun himself
Grow dim with age, and nature sink in years ;
But she—
the living spirit of philosophy, immutable, immortal,
infinite, eternal TRUTH, she, the parent of all knowledge,
fountain of light,—

———will flourish in eternal youth
Unhurt, amid the war of elements,
And wreck of worlds."

CASES ILLUSTRATIVE
OF THE NECESSITY OF
PHYSICAL EXAMINATION, IN

PART THE SECOND.

CASES ILLUSTRATIVE OF THE NECESSITY OF PHYSICAL
EXAMINATION, AND OF THE USE AND APPLICATION
OF THE SPECULUM.

CASE I.

CHRONIC INFLAMMATION OF THE UTERUS.

John T.—, at 44, a native of Scotland, and the
son of a married labourer, of a fair com-
plexion, and mixed temperament, who sought relief
as out-patient at the Infirmary for Women, &c. on the
1st of June, 1838, for disease of the womb, as she has
been. *Conjugal History*.—She related that

* See Part I. p. 17.

the same as the one which is now in use, and it is possible that the same may be found in some of the old MSS. of the same work. The same may be found in some of the old MSS. of the same work. The same may be found in some of the old MSS. of the same work.

PART THE SECOND

THE SPECULUM OF THE PHYSICIAN
AND OF THE USE AND APPLICATION
OF THE SPECULUM

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CASES ILLUSTRATIVE

OF THE NECESSITY OF

PHYSICAL EXAMINATION, &c.

1. CASES showing that in some diseases of the uterus (as in diseases of other organs) the derangements of function excited by them, enable patients themselves to point out the organ affected.

CASE I.

CHRONIC INFLAMMATION OF THE UTERUS,

Jane T——, æt. 38, a native of Scotland, and the wife of a musical instrument maker, of a fair complexion, and mixed temperament, who sought relief as out-patient at the Infirmary for Women, &c. on the 1st of June, 1838, for *disease of the womb*, as she believed. COMMEMORATIVE SYMPTOMS:—She related that

* *Vide* Part I, p. 17, *ante*.

about a fortnight previously, having been frightened by a mad cat, she became *the subject of profuse hæmorrhage from the vagina, accompanied by severe pains in the back and loins, and frequent shiverings*; — that three days before her admission, the hæmorrhage suddenly ceased, and that subsequently, the shiverings had been succeeded by, and had alternated with flushings, and had been accompanied by *constant pain in the lower part of the abdomen*. LOCAL SYMPTOMS:—At the time of her admission she complained of *pains in the back and loins—pains resembling labour-pains shooting through the pelvis—sense of weight in the lower part of the abdomen—pain in the same situation, considerably increased by pressure—frequent desire to void urine—constant leucorrhœa in small quantity*; DIRECT SYMPATHETIC SYMPTOMS:—*pains in the mammæ—hysterical motion in the bowels*. GENERAL SYMPTOMS:—Her tongue was whitish—her appetite impaired, and she occasionally experienced nausea, vomiting, flatulency and swelling of the abdomen, especially after meals—her bowels were regular—their excretions natural—her pulse was regular, but she suffered under slight dyspnœa—her skin was warm and moist—she experienced slight swimming in the eyes—headache and drowsiness—the skin of her face was slightly discolored—her eyes were dull and heavy—her inferior

extremities were cold, and she complained of languor, lassitude and disinclination to move. PHYSICAL SYMPTOMS:—*Examined by palpation above the pubis*, the lower part of the abdomen was found tense and painful on pressure—the uterus could not be recognized ;—*by the taxis per vaginam*, the posterior lip of the cervix uteri was found considerably enlarged, but soft and spongy—its sensibility was preternaturally augmented—the body of the uterus, felt through the uterine extremity of the vagina, was found enlarged, and somewhat painful on pressure ;—*by the speculum*, the mucous membrane covering the cervix uteri, and lining its cavity, was found to be redder than natural, and a thin mucous fluid was observed issuing from the orifice of the os tinæ.

CASE II.

INCIPIENT SCIRRHUS UTERI,

Elizabeth N—, æt. 27, the wife of a working jeweller, a woman of dark complexion, and bilious temperament, who came under my care as a private patient, in the month of January 1837, for *tumour of the womb*, as she expressed it ;—she related that she had married at the age of 16, and had had three children, but could give no account of the origin of her affection ; she complained of *tumour*

in the lower part of the abdomen—sense of weight in the same situation—painful defæcation—pains in the right leg and hip, the loin and right groin—the last mentioned increased by pressure,—constant slimy whitish discharge from the vagina, excepting during the existence of the catamenial effusions, which came on every three weeks, (accompanied by very severe pains in the back and loins) —continued seven or eight days, and in such profusion as to require several changes per diem;—she was labouring under loss of appetite, flatulency, vomiting an hour or two after meals a limpid tasteless fluid, varying in quantity from a pint to a pint and a half; her tongue was furred; her bowels were regular; her pulse 76. Examined by the taxis per vaginam, the cervix uteri was found enlarged, indurated, tuberculated, exquisitely sensitive, yielding blood, and crepitating under pressure—the body of the uterus was found to be of about the size it usually attains in the third month of pregnancy—the orifice of the cervix was reduced to a mere chink;—by the speculum, the membrane covering the cervix, and lining its orifice, was found abraded, and of a dirty whitish-red colour.

2. CASES showing that in some diseases of the uterus there are no derangements of its functions to indicate the organ affected; *e. g.* before puberty; after the climacteric period; during the catamenial intervals; and during pregnancy.

CASE III.

COMPLETE SCIRRHOUS DISORGANIZATION OF THE UTERUS, OCCURRING AFTER THE CLIMACTERIC PERIOD,

Rhoda B—, æt. 74, who was admitted as out-patient of the Infirmary for Diseases of Women &c., in the month of April, 1837, related that she had been married at the age of 20, had had four children and had *always enjoyed remarkably good health, never having had occasion to employ a medical attendant in the whole course of her life*; she lost her husband in her 36th year; she ceased to menstruate eighteen months afterwards, without experiencing any change in her health, having (to use her own words), been neither sick nor sorry for the event. At the time of her admission, she complained of profuse bloody discharge from the vagina, with pain and swelling in the lower part of the abdomen, which were considerably increased by the slightest exertion—her appetite was little

impaired—her bowels were regular—her tongue was brown—her skin preternaturally hot, but moist—her pulse was 90, but small and feeble—her countenance was flushed and expressive of anxiety, and she exhibited great prostration of strength, and inability to move. Examined *by palpation above the pubis*, the body of the uterus was found to be of about the size it usually attains in the fourth month of pregnancy, and to be painful on pressure. *By the taxis per vaginam*, the finger passed into a quantity of foetid matter, in which no trace of uterus could be distinguished, while the vulva gave issue to a quantity of fluid, apparently blood and pus, having an extremely offensive odour ;—temporary relief was obtained by the use of the tincture of henbane, combined with sulphuric acid, but she gradually sunk, and died on the following day. At the autopsy (which was performed in the presence of Dr. R. D. Thomson, of Gower-street, Mr. Whidbourn, of Judd-street, and two or three students), when examined *by the speculum*,—the vagina was found lined with a leaden-greyish secretion, mixed up with foecal matter, super-posed on a whitish granulated surface. When the abdomen was laid open, the body of the uterus was found as large as it usually is in the fourth month of pregnancy, occupying the whole of the cavity of the pelvis—its tissue was highly vascular—its

cavities contained fluid, and on its peritoneal surface was a collection of thick purulent matter, (such as by the older writers would have been called good laudable pus), retained *in situ*, by a fold of the small intestines, which however were not adherent to the uterus ;—the intestines, stomach, and other abdominal viscera were healthy ;—on examining the pelvic viscera, after their removal from the body, no trace of disease could be recognized either in the urethra or bladder, or in the lower part of the vagina, within an inch of its orifice ; but the upper part of the vagina, and the os and cervix uteri were found to have undergone the cancerous disorganization ; the cavity of the cervix uteri, as well as the uterine orifice of the cervical cavity, was found obliterated—the cavity of the enlarged body of the uterus contained about a pint and a half of purulent matter, and its internal surface was completely lined with a false membrane, of a dirtyish-yellow colour ;—the ovaries and fallopian tubes were healthy ; the rectum exhibited the same granular appearance as the cervix uteri, and a communication existed between it and the vagina ; the glands within the pelvis partook of the cancerous character ;—the fluid contained in the uterus, analyzed by my friend, Dr. Thomson, was found to possess an exceedingly disagreeable odour, similar to that of preternatural mucous and serous secretions, when they

have been kept so long as to decompose ;—it presented the external appearance of pea-soup ; when thrown on a filter a quantity of grey matter remained, which contained some albumen—obviously decomposed mucous membrane,—the liquor which passed through the filter was colourless and possessed all the character of a serous fluid.

Although it be true, that this patient complained of symptoms which indicated the existence of disease in the uterus at the time of her seeking relief, yet that disease must have existed for a long period previously, (and if we believe the assertion of the patient) unaccompanied by any symptoms which might lead to a suspicion of the existence of such disease, or induce her to desire medical relief.

CASE IV.

ACUTE INFLAMMATION OF THE UTERUS ANTECEDENT TO
PUBERTY,

Is the case of a child of eight years of age, who having been regarded as afflicted with disease of the mesenteric glands, was taken to the hospital for diseased children, in Paris, where it died ; its abdomen had been

considerably enlarged, and hard and painful for about six months previously, and it had also experienced the other usual symptoms of chronic peritonitis; at its post mortem examination the intestines were found united into one mass, by false membranes of a greyish colour; the mesenteric glands were healthy; a purulent fluid existed in the peritoneal cavity; the *uterus* presented considerable enlargement, (having the form and size of a hen's egg), fluctuation was readily felt through its parietes, and on making an incision into it, its cavity was found to have been distended by a purulent liquid, analagous in color and consistency to thick soup; this matter having been removed with difficulty, it was discovered that a false membrane completely surrounded the uterine orifice, and extended into the cavity of the cervix uteri, as well as into the fallopian tube of the left side.*

In this case the uterus had not yet commenced the performance of its peculiar function, and therefore there could be no derangement of that function to indicate its disease, which consequently was not even suspected.

* *Traite pratique des maladies de l' uterus et de ses annexes*, par Mme. Veuve Boivin, et par A. Dugès, 8vo, Paris, 1833, p. 189.

CASE V.

IN WHICH UTERO-GESTATION PROCEEDED, NOTWITHSTANDING THE DEVELOPEMENT OF A FIBROUS TUMOUR FROM THE SURFACE OF THE UTERUS,

Elizabeth L—, æt. 37, a married female, of a dark complexion, and bilious habit,—whom I was requested to see, by my friend, the late Dr. King, of Maddox Street, in April last,—related that she had had her catameniaë for the first time, and for once only, at the age of 16—that the effusion did not re-appear until the age of 20, at which period it became periodically established, returning every thirty days, and continuing nearly a week, up to the age of 24, when, in consequence of getting her feet wet, it became suppressed for seven months; subsequently however, she acquired general good health, and married six months before the date of our seeing her; she further stated that she had not had her catameniaë since the date of her marriage; and that three weeks after her marriage she had discovered a tumour in the lower part of the abdomen, about the size of a walnut, which had gradually increased; she complained of pains and considerable tension of the lower part of the abdomen,—constantly intermitting pains, with sense of weight in the hypogastric region,—swelling of the lower extremities,—headache,

—violent pains in the stomach,—sickness, especially in the morning—flatulency,—pains and swelling of the mammæ;—her tongue was clean, her bowels regular, and her pulse 70.

PHYSICALLY EXAMINED, the hypogastric region was found tense, painful, and considerably enlarged, apparently by the distended uterus; a moveable tumour about as large as the head of a sixth month fœtus, existed in the umbilical region, appearing to be attached inferiorly to the uterus, by a pedicle; the tumour usually occupied the centre of the umbilicus, but could readily be moved into one of the iliac regions;—*per vaginam* the cervix uteri was found contracted and flaccid,—the cavity of the uterus enlarged, and containing fluid;—*by the stethoscope*, the pulsation of the fœtal circulation was recognized in the left iliac region. June 20th, she came to town from Fulham, became very much fatigued, by riding in an omnibus, and on her return home in the evening, discovered a colored discharge escaping from the vulva; on the 26th the discharge still continued, with occasional pains, resembling labour-pains, in the umbilical, hypogastric, and lumbar regions; on the 27th real labour-pains commenced at 3, A.M., and at 5, P.M. a sixth month foetus was expelled from the vagina, with its placenta, in a half putrified state; immediately after her

accouchement the tumour (as moveable as ever) was found to occupy the umbilical region, and appeared to have acquired increased sensibility by the expulsive efforts of parturition,—but subsequently it gradually decreased, and ultimately disappeared.

3. Cases showing that some slight affections of the female reproductive system are accompanied by symptoms of such severity, as might lead to a belief of the existence of formidable disease of the uterus, &c.

CASE VI.

CHRONIC INFLAMMATION OF THE UTERINE SYSTEM GENERALLY, ACCOMPANIED BY SOME OF THE SYMPTOMS OF SCIRRHUS,

Mrs. C—, a nurse, who came under the care of Mr. Webster, of Connaught Terrace, having sought his advice, for excessive discharge from the vagina and rectum,—related that she had had catameniaë for the first time, at the age of 15,—that the effusion immediately became periodical, returning every thirty days, and continuing three days, until a few months before

consulting him, when it had become irregular, both in its return and its duration;—married at the age of 20, she had had three children, and one miscarriage—her last child was eight years of age, and since its birth she had not been pregnant. At the time of our seeing her, she complained of *swellings in the groins*—pains in the lower part of the back—sense of weight in the hypogastric region—*intermitting lancinating pains* in the same situation—irregularity in the duration and quantity of the catameniaë, and the effusion generally accompanied by small dark clots—constant leucorrhœa in the absence of the catameniaë—frequent desire to void urine, which escaped involuntarily,—*constant discharge from the rectum, extremely offensive occasionally*,—the *fæces were extremely small in diameter*,—*were voided with considerable pain, and were often tinged with blood and pus*;—for some time she had experienced loss of appetite, flatulency, headache at the front part—her tongue was clean, her pulse 70,—her skin cool and moist. Examined *by palpation*, a femoral hernia was found on each side; and *several of the inguinal glands were found enlarged and painful on pressure*;—*by the taxis per vaginam*, the meatus urinarius was found considerably dilated, sufficiently to admit the point of the little finger,—the membrane lining it was preternaturally

red, and turgid;—the anterior wall of the vagina was considerably thickened at its vulvar extremity; the posterior wall of the cervix uteri was adherent to the posterior wall of the vagina, so as to contract the uterine extremity of the vagina; (probably the result of some anterior lesion), the anterior lip of the os uteri was slightly enlarged;—*by the speculum* the membrane lining its orifice was found to be preternaturally red;—the orifice of the rectum was surrounded by hæmorrhoidal excrescences, in a state of chronic inflammation. *By the taxis per rectum*, the cervix uteri, felt through the recto-vaginal partition, was found to be somewhat larger than natural, and painful on pressure.

CASE VII.

WARTS WITHIN THE VAGINA, AND ON THE LABIA,
ACCOMPANIED BY LEUCORRHŒA,

Madame J. æt. 22, a woman of a fair complexion and lymphatic temperament, who sought my advice on account of excessive discharge from the vagina, which had existed for six months previously, accompanied by sore throat, and superficial ulcerations on the labia externa;—related that she had catameniaë for the first time at the age

of 12; that at the second period of their effusion (one month afterwards) on the second day of its existence, she ran down stairs in consequence of fright, and stood without shoes or stockings on a stone hall, at about twelve o'clock at night, in the month of January;—the effusion was immediately suppressed,—the next day she became delirious, and was taken to the North London Hospital, where she remained three months;—three months after leaving the hospital the effusion again appeared, and became periodical, at irregular intervals of three, four, or five weeks; she married at the age of 16, and immediately fell pregnant, and subsequently gave birth to a full-grown male child six weeks previous to my seeing her;—she suckled the child for a fortnight, at the end of which it died: four months antecedent to her confinement, she was attacked with profuse thick cream-colored discharge from the vagina, and frequent and painful micturition; at the same time several small superficial ulcerations appeared on the labia externa; which disappeared a fortnight afterwards, and were followed by similar ulcerations on the tonsils: ten days before her confinement the discharge ceased, and a fortnight after it she was seized with *alternate shiverings and flushings*,—*violent intermitting pains in the lower part of the stomach, shooting through the groins and loins, and increased*

by motion and the erect position,—profuse discharge of a greenish yellow colour ; as these symptoms improved, a number of small pimples appeared on the external organs. At the time of my seeing her, the discharge still existed, but she experienced no pain or other symptom referable to the uterine system ;—her tongue was clean, her appetite good, her pulse regular, her skin warm and moist ; in short, she had no symptoms indicative of disturbance in the general economy ; but her countenance exhibited a peculiar earthy appearance, and a pustule existed on the tip of each fore-finger. PHYSICALLY EXAMINED, *by the taxis*, the uterus was found natural in form, volume, density, and locality ; but the sensibility of the cervix was slightly increased ;—*by the speculum*, the membrane lining the orifice of the uterus was found preternaturally red, and the orifice itself giving issue to a glairy fluid ;—a small cluster of warts existed about an inch within the vagina, on the left side,—and another at the vulvar orifice, more especially on the left labium internum ;—several small warts were scattered over the whole of the external organs, and one larger than the rest, which grew from the right side of the meatus urinarius, almost concealed that orifice, lying like a flap over it, but offering very little impediment to the free passage of the urine.

In this case, although it be true that at the time of examination no symptoms appeared, which might induce suspicion of the existence of formidable disease, yet the antecedent or commemorative symptoms might naturally lead to such an inference.

4. Cases showing, that acute diseases of the uterus are accompanied by the same train of general symptoms as are developed by similar acute diseases of other organs.

CASE VIII.

ACUTE INFLAMMATION OF THE BODY OF THE UTERUS,

Mrs. P. æt. 55, the wife of a tailor, a woman of a dark complexion and bilious habit, whom I was requested to see in April 1838, by Mr. Fenner, of King's Row, Pentonville, under whose care she was—related, that she had married at the age of 21, had had twelve children, and one miscarriage; she had had her catameniaë regularly every twenty-eight days from the age of 16, to the commencement of the year 1837, without intermission, excepting during the periods of gestation and of lactation, and had generally enjoyed good health. A fortnight previously to my seeing her she had been attacked with

alternate shiverings and flushings,—pains in the back, extending from the sacrum upwards,—pains in the groins and anterior part of the leg,—pain above the pubis, considerably increased by the erect position, and by the efforts of defœcation,—frequent desire to void urine,—and profuse cream-coloured discharge from the vagina;—at the time of my seeing her the same symptoms still existed, accompanied by intermitting pains in the lower part of the abdomen: her *mammæ* were painful, but neither turgid nor enlarged; *her tongue was covered with a whitish fur—her appetite was impaired—her bowels were constipated—her pulse was full and strong—her respiration impeded—her skin hot and dry—and she exhibited great prostration of strength, and restlessness.* Examined by *palpation above the pubis*, the lower part of the abdomen was found tumid and tense, and considerable pain was produced by pressure on the hypogastric region; *by the taxis per vaginam*, the cervix uteri was found natural in form, volume, density and sensibility, but the body of the uterus, felt across the uterine extremity of the vagina, was found enlarged, and exquisitely painful on pressure; *by the speculum*, the membrane covering and lining the cervix uteri was found natural in colour, but the orifice of the uterus gave issue to a cream-coloured discharge.

CASE IX.

ACUTE INFLAMMATION OF THE WHOLE UTERUS, FOLLOWING
PARTURITION,

Mrs. S—, æt. 24, a married woman, who came under treatment in the month of March, 1836, — related that she had been confined with her first child three days previously, and, in consequence of her getting out of bed the second night after her accouchement, she had been suddenly *attacked with severe shiverings, which had been succeeded by and had alternated with flushings*, while the lochia were suddenly suppressed;—severe pains in the lower part of the back, the loins, and the lower part of the abdomen ensued—the secretion from the mammæ was suppressed, and the mammæ themselves became tumid and painful; at the time of my seeing her, the same symptoms still existed; *and the tongue was furred—the respiration frequent and laborious—the pulse 130,—the skin hot and dry,—the eyes were bright, and the pupils dilated,—she lay tossing to and fro, and complained of sickness, flatulency, headache, and occasional wandering.* PHYSICALLY EXAMINED, the hypogastric region was found tense and painful on pressure—the uterus about the size of the fourth month of pregnancy, occupying its centre,

and extremely painful on pressure—the orifice of the uterus dilated, soft, and flaccid—the membrane lining it slightly abraded, and preternaturally red, and the whole *cervix uteri* painful on pressure.

5. Cases showing that the symptoms usually referred to disease of the uterus, are sometimes developed by diseases of other organs, and more especially by disease of the organs associated with it in the performance of a common function, viz., the ovaries and mammæ.

CASE X.

AMENORRHŒA FROM DISEASE OF THE LIVER,

Mrs. P—, æt. 26, who resided in Great Queen Street, Lincoln's Inn Fields, and became a patient of the Infirmary for the Diseases of Women, in March, 1837, on account of *absence of the catamenia*: she was of a dark complexion, and bilioso-lymphatic temperament, and was accustomed to a sedentary occupation; at the time of her admission, she related *that she had not seen anything of the catamenia for six months previously, excepting a slight slimy discharge, about once a month or five weeks, which continued for a day or two*; she complained of pains

in the back, especially between the shoulders—*pains* in the collar bone, *in the loins, and in the lower part of the abdomen*,—a dull pain was perceived by her in the right side at each inspiration ; she was overcome by feelings of languor, lassitude, and apathy to exertion, and complained of flatulency, loss of appetite, occasional nausea, sickness, headache, giddiness, and swelling of the abdomen ; her bowels were irregular,—her motions of a clay colour,—her tongue was furred and brownish, — her pulse 94,—her skin warm, but moist :—having been suspected of pregnancy, she voluntarily desired an examination, when, *by the taxis per vaginam*, the *cervix uteri* was found *natural* in form, volume, density, and sensibility :—the body of the uterus of the natural size of the unimpregnated state,—the right hypochondriac and epigastric regions were hard, tense, and painful on pressure, the free border of the liver was recognized passing beyond the cartilages of the ribs ; by percussion, fluid was detected in the abdominal cavity. Notwithstanding appropriate treatment the *catamenia* did not occur ; she died in two months, and, at the post mortem examination, the liver was found enlarged and indurated, and on incision exhibited the colour and appearance of a nutmeg. The other abdominal viscera and the *uterus* were found perfectly healthy ; the peritoneal cavity contained about six pints of fluid ;—

CASE XI.

LEUCORRHŒA FROM ASCARIDES IN THE RECTUM,

E. S—, æt. 38, the lady of a merchant residing in the New Road, of a fair complexion, and lymphatic temperament, who became a private patient, in January, 1835, in consequence of *excessive discharge from the vagina*; she related that she had had four children and two miscarriages; she complained of *pains in the back, loins, and lower part of the abdomen*,—swelling of the abdomen, which was tympanitic,—flatulency,—voracious appetite, and slight œdema of the lower extremities. Imagining that the symptoms were dependant on disease of the womb, she desired an examination, when the uterus was found *natural* in form, volume, sensibility, density, and locality:—the vagina was found to be considerably relaxed, and *abundantly bathed with a thin mucous fluid*. At the termination of the examination, being told that no disease existed in the uterus, she said that for some time she had been the *subject of thread worms*, and desired to know if they could have given rise to the discharges. From this suggestion she was advised to make use of an aloetic enema, which, with other medicines, expelled great numbers of ascarides, and subsequently, all the symptoms disappeared.

CASE XII.

LEUCORRHOEA, FROM DISEASE OF THE OVUM,

Mrs. M—, æt. 37, who was the wife of a bricklayer's labourer, residing in one of the low hovels near the Brewery, in New Street, in the parish of St. James, became a patient of the Infirmary for Diseases of Women in July last, in consequence of *excessive discharge from the vagina, which had existed for some months*. She was a woman of a fair complexion, and lymphatic temperament, and at the time of her admission, related that she had her catamenia for the first time, at the age of 15, which, in the earlier periods, returned every fifteen days, usually continued three or four days, and required one change of linen per diem; she married at the age of 18, had had six children, and two miscarriages; the last pregnancy gave birth to a well-formed male child, who was seven years of age, June 1838; since the period of his birth, she had the catamenia regularly, but in variable quantity, up to December, 1837; since that time the *abdomen had gradually enlarged, the breasts had become distended, and contained serous fluid,—discharge had constantly emanated from the vulva, commonly whitish and slimy, but occasionally coloured, during an interval of two or three days*; on the morning of her admission, July

10th, 1838, the *discharge became more profuse*, and was accompanied by spasmodic pains in the lower part of the stomach; at 6, P.M., she was seized with severe labour pains, accompanied by *profuse hæmorrhage* (nearly a quart of blood being lost in a few minutes); at 9½, .P.M., the orifice of the uterus was found fully dilated, and at a little before 10, *a cyst was expelled from the vagina, of about four pounds weight, and of the volume of an ordinary foot-ball*. Examined by myself and Dr. Robert Lee, of Golden Square, the cyst was found to have been formed by the *deciduous membrane*, which was much thickened and highly vascular:—it was filled with hydatids, evidently growing from, or at least attached to, the chorion; within the chorion, the amnion was readily recognized, and was found to contain a minute portion of fluid, but no trace of foetus; after the expulsion of the cyst the uterus gradually acquired the dimensions natural to the unimpregnated state, but discharge ceased, and at present its functions are regularly performed.

6. Cases showing the necessity of employing the *speculum* as well as the *taxis*.

CASE XIII.

VAGINITIS,

Mrs. D—, æt. 24, a lady of a fair complexion, and nervous temperament, who sought advice on account of profuse white-coloured discharge from the vagina, which had existed twelve months, and for which she had submitted to various treatments ;—related that she had her catamenia for the first time, at the age of 15, when they immediately became periodically established, returning every twenty-eight days, continuing a week, and requiring three changes per diem ;—she had generally enjoyed good health, except at the catamenial epoch, when she had experienced considerable pains in the lower part of the stomach, the back, and loins. At the date of her seeing me, she complained of excessive discharge from the vagina, without any other symptoms referable to the uterus or its appendages. PHYSICALLY EXAMINED, the meatus urinarius was found healthy, the cervix uteri natural in form, volume, and locality, so that no symptom was afforded to the taxis, except a slight pricking

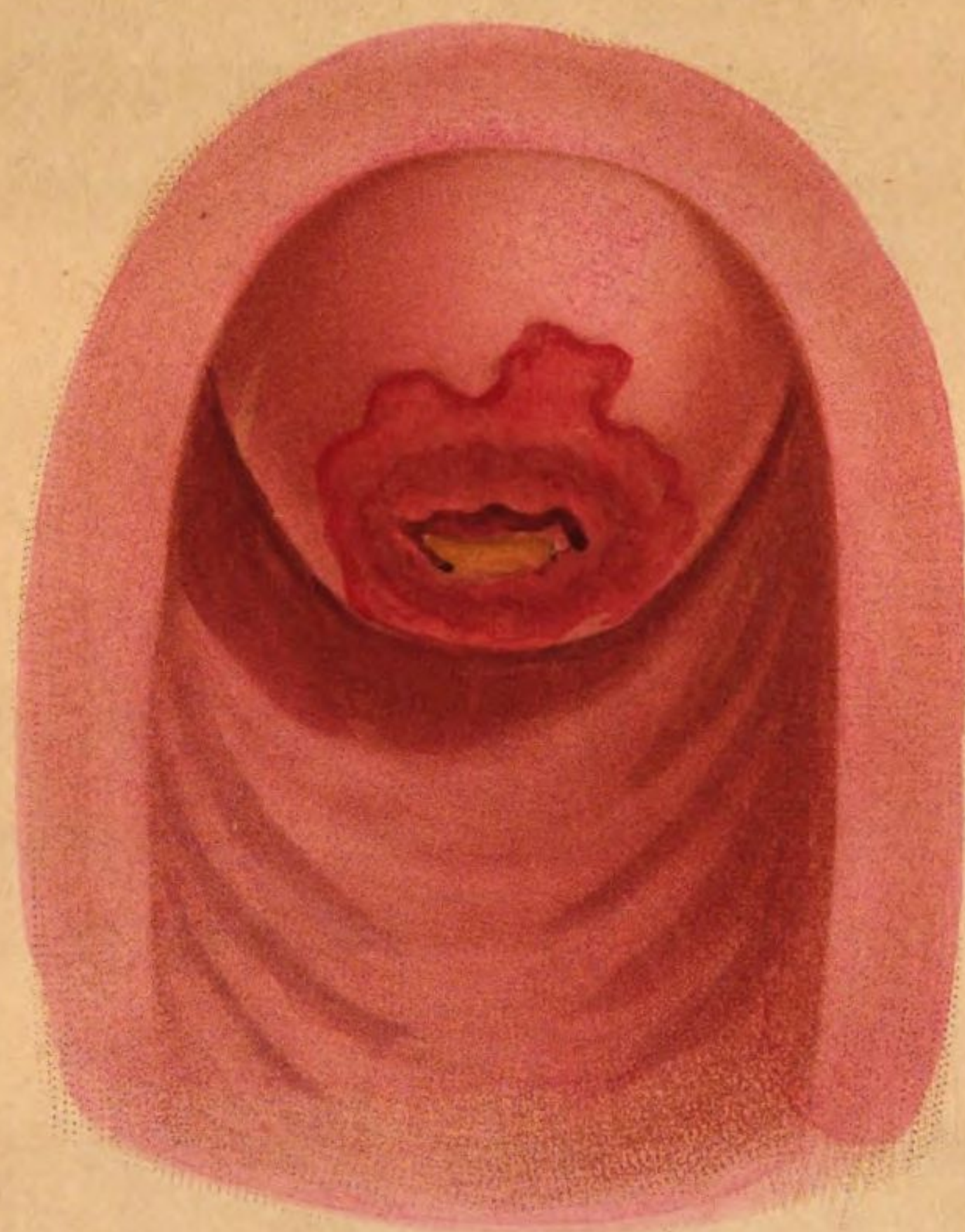
sensation about the cervix when it was touched ;—*by the aid of the speculum*, the whole of the membrane lining the vagina was found preternaturally red and turgid, the orifice of the uterus was seen to be abraded, and, as well as the vagina, bathed with a thick cream-coloured discharge ; after the employment of poppy fomentations, hip baths, leeches to the vulva, &c. for a few days, all the symptoms disappeared.

CASE XIV.

ULCERATION OF THE NECK OF THE WOMB,

Mrs. M—, æt. 20, a lady of a dark complexion and bilious temperament, whom I was requested to see in consequence of urethritis having been communicated by her to her husband. She denied having any complaint, excepting leucorrhœa occasionally, to which she had been more or less accustomed since the period of the first appearance of the catamenia ;—she related that the catamenia appeared for the first time, at the age of 15, and had always recurred at irregular periods, sometimes at intervals of a month, at others of two or three weeks, but occasionally two or three months passing without the slightest appearance of them. They usually continued a week when they did appear, but in such small quantity as

Colored Plate N^o II.



scarcely to require a change ; about eight months previous to my seeing her, she was taken very ill, with pains and sense of weight in the lower part of the stomach and back, and profuse yellow discharge from the vagina ;—at the date of my seeing her, she said she felt slight pain in the lower part of the abdomen occasionally when standing, and the discharge still existed. PHYSICALLY EXAMINED, *by the taxis*, the whole uterus was found natural in form, volume, and locality,—there existed a slight degree of pain or rather smarting, when the cervix uteri was touched ; *by the speculum*, the membrane lining the orifice of the uterus was found ulcerated, and the portion surrounding the ulceration preternaturally reddened, (as in coloured plate, *No. 2.*)—the orifice of the cervix was filled up by a glairy fluid. By the use of poppy fomentations, per vaginam, hip baths, and four or five applications of nitrate of silver to the ulceration, she was soon discharged cured.

CASE XV.

VEGETATION ON THE NECK OF THE WOMB,

Mary P—, æt. 44, wife of a clerk, a woman of a dark complexion, and bilious habit, who sought advice in February, 1836, in consequence of severe itching of the labia externa, with constant whitish discharge, and who

was seen by me in consultation with Mr. Guthrie, of Berkeley Street. She related that she had catamenia, for the first time at the age of 19, but that the effusion never became regular till after her marriage;—she married at the age of 27, and subsequently the catamenia became regularly established, returning at intervals of three weeks, and continuing three days; she had had five children, the last in May, 1832; she had no symptoms referable to the uterus, beyond the discharge; and her general health was good;—**PHYSICALLY EXAMINED**, by myself and Mr. Guthrie, (*by the taxis*) the whole uterus was found natural in form, volume, density, sensibility, and locality, excepting that on the right side of the cervix there appeared to be a softish substance;—*Examined by the speculum*, this soft substance was found to be a patch of granulations or rather vegetations, elevated about the eighth of an inch above the surrounding parts, occupying a surface about equal to the size of a shilling, extending from the right side of the cervix into the orifice of the uterus;—the vagina was found healthy—the labia externa exhibited traces of psoriasis. The vegetations were destroyed by nitric acid—the surface readily healed—the psoriasis disappeared—the catamenia became established—the patient since that period has become a widow, married a second time, and is now pregnant.

CASE XVI.

SUSPECTED CANCER UTERI.

This case, on which my opinion was asked (by letter) by a medical practitioner, in one of the eastern counties, is that of a lady, æt. 50, the mother of a medical student, who had been married at the age of 25; she had had five children, and one miscarriage. It was stated that cancer uteri was hereditary in her family, and that she had been the subject of frequent attacks of menorrhagia, with leucorrhœa in their intervals, for more than two years, which, in the commencement, having been considered as dependant on the arrival of the climacteric period, had been unnoticed. Four months prior to the date in which the case was referred to me, she was attacked with severe pains in the loins and lower part of the abdomen; constant and painful micturition and defœcation, and other symptoms, which induced her to submit to an examination *by the taxis per vaginam*, by which the cervix uteri was found enlarged, and flattened, almost as hard as cartilage, and in some spots very tender;—the os tincæ was dilated, its lips irregularly fissured at their edges;—the finger when withdrawn was bloody, although no actual hæmorrhage had occurred for some weeks previously;—the system had been quieted with opiates,

the natural secretions attended to, a nutritious diet enjoined, and the vaginal cavity frequently bathed with injections of chloride of soda ; in June, 1838, the actual time of reference, the physical and local symptoms already described still existed,—there was, in addition, constant sanious, slightly offensive discharge from the vagina, requiring one or two changes per diem ; the pains—which had become less frequent, but more severe than they had previously been—were of a burning, lancinating, and intermitting character;—they were aggravated by the slightest exertion, and usually returned by paroxysms in the evening, the appetite was impaired,—and she experienced great despondency and nervous irritability.

Could we attach importance to a diagnosis formed on partial evidence, we might at once be induced to assert that the disease with which this lady was afflicted was cancer uteri,—if, however, we examine the matter attentively, we shall find it impossible to give a certain opinion, without the aid of some other physical signs, which might or might not have existed, *e. g.* the PHYSICAL SYMPTOMS described are *enlargement—cartilaginous hardness, and increased sensibility of the cervix—expansion—irregularity and fissures of its*

*orifice,—the orifice yielding blood on pressure:—*these symptoms taken collectively are common to three different forms of disease, viz., chronic inflammation of the cervix uteri—simple induration, with abrasion of the cervix uteri—and the earlier stages of scirrhus disorganization of the cervix uteri; and although it be true that these three diseases occasionally form only different stages of one disease, yet each may exist separately, and the prognosis we should give in either, and the treatment to be adopted, would differ materially;—if we examine the symptoms singly, no additional light is thrown on the nature of the affection—*enlargement* of the cervix uteri occurs at every catamenial epoch, and in almost every form of disease with which the uterus can be attacked;—*cartilaginous hardness* may remain after acute inflammation, may accompany chronic inflammation, (as we frequently see is the case in glandular structures, to which, moreover, the cervix uteri bears a close analogy), or may be dependant on fibrous transformation or scirrhus disorganization. *Increased*

sensibility accompanies every form of inflammation of the cervix uteri; whether that inflammation be limited to the mucous membrane lining the cavity of the cervix, or attack the whole structure of the cervix, it is equally present in a greater or less degree in simple abrasions, formidable ulcerations, indurations, scirrhus, &c.;—whatever augments the volume of the parenchyma of the cervix, necessarily expands the orifice of the uterus, and *expansion of the orifice* is therefore common to a great variety of diseases;—*irregularity and fissures* of the orifice of the cervix uteri, exist to some extent in almost every woman who has borne children,* and probably result from lacerations (and their consequent cicatrices) sustained during the dilatation of the cervix in the commencement of labour, and in two instances I have found these fissures full half an inch in depth; in one of the cases the cervix was divided into five nearly equal segments, the sections radiating from the cavity of the cervix as their common centre:—*blood*

* *Vide* coloured Plate, No. 1, Fig. 3.

yielded on pressure, might result from the presence of cauliflower excrescence, fungus, or polypus, or the existence of ulceration or abrasion.

If we next examine the LOCAL SYMPTOMS, we shall be equally unable to form a positive opinion as to the nature of the disease with which the lady was afflicted, *e. g.* constant pain in the back and pelvis might accompany any disease of the uterus, and either result from the alteration going on in that organ, or be occasioned by the traction of its ligaments, or its pressure on the sacral nerves, &c.; the burning character of the pains might indicate that the mucous membrane, especially, was implicated—and the *lancinating* pains might testify that some nerve or nerves were interested in the alteration, but both are very unsatisfactory symptoms;—discharge might result from inflammation of the membrane lining the uterus, or if the uterus, by its increased weight and volume, had fallen into the vagina, it might act as a source of irritation to the mucous membrane of the vagina, and give rise to discharge, as

well as any other source of irritation;—painful defæcation, which usually results from the pressure of the uterus between the abdominal parietes and viscera and the spinal column ; and painful micturition, which is commonly dependant on irritation communicated to the bladder by sympathy, or by the dragging downwards of the bladder (by the increased weight of the *uterus*), exist in most diseases of the uterus,—the sympathetic pains, namely, pains in the *mammæ*, swelling of the inguinal glands, &c. were absent, and, consequently, negative evidence only could be afforded by these organs ; the GENERAL SYMPTOMS merely indicated that the patient was suffering from some chronic affection, apparently of no great severity ;—there were some one or two of the COMMEMORATIVE SYMPTOMS which favored the idea of the existence of cancer, viz. some members of her family were said to have died of cancer uteri, and her age (50), was that in which the disease usually becomes evident: from the arguments advanced, I presume, it is clear that it was impossible to assert, positively,

from these symptoms only, that the lady was affected with cancer uteri; if, however, after the recognition of the symptoms described, the speculum had been employed, and the cervix uteri had been found to exhibit the peculiar dirty-whitish red, or reddish-grey colour, described in the case of Mrs. N— (No. 2, page 109)—if, in addition, the substance between the fissures of the orifice had been found to exhibit the turbercular character, and to crepitate under the pressure of the finger, there could have been no hesitation in pronouncing the disease to have been of the cancerous character.

I have since learnt, from her son, that this lady died in October last, after having been the subject of cerebral irritation for some weeks, and two months after having thrown a large worm (*lumbricus*) from the stomach. No post mortem examination was made.

7. Cases showing that the taxis and speculum, conjointly employed, are not always sufficient for the purpose of forming a correct diagnosis, and that consequently an additional mode of examination is sometimes necessary.

CASE XVII.

INFLAMMATION OF THE URETHA AND VAGINA,

Ruth W—, æt. 25, a woman of sallow complexion and nervoso-lymphatic temperament, who sought advice on account of bearing-down pains in the lower part of the stomach, which had come on three days previously, accompanied by profuse discharge from the vagina; related that she had had catamenia for the first time at the age of 16, that the effusion had returned at irregularly periodical intervals of four, five, eight or ten weeks, but in small quantity, continuing only one day, and not requiring more than one change; the last effusion, which continued only one day as usual, existed eight days previous to the date of her application, after an interval of six weeks duration :—she said she imagined that she had caught cold four days before the period of the effusion, when the symptoms complained of became urgent,—viz. pain and sense of weight in the lower part of the stomach, increased by the erect position—frequent and painful micturition—

ardor urinæ—constant pricking and burning pain within the vulva—constant discharge of a reddish-yellow colour : her tongue was clean, her appetite slightly impaired ; she complained of flatulency and occasional nausea ;—her bowels were regular ; her pulse 81,—her skin warm and moist, and the functions, generally, exhibited but little derangement. PHYSICALLY EXAMINED, the labia, both external and internal, were highly reddened, hot, and painful on pressure,—the membrane lining the vagina and covering the cervix uteri was found preternaturally reddened, and bathed with a yellowish cream-coloured discharge—the uterus was slightly prolapsed—the orifice of the meatus urinarius was found preternaturally reddened, *and on passing the finger within the vagina, and pressing the urethra forwards against the posterior surface of the pubis, the urethra was found tense and painful, and its orifice gave issue to a thick cream-coloured discharge.*

CASE XVIII.

ULCERATION OF THE EXTERNAL LABIA, WITH INFLAMMATION OF THE VAGINA AND ULCERATION OF THE CERVIX UTERI, MISTAKEN FOR URETHRITIS,*

Mrs. B—, who was the wife of a veterinary surgeon, and was seen by me, in conjunction with Mr. Lovegrove,

* *Vide* Part I, p. 89 ante.

of Upper Baker Street, Regent's Park, was a woman of dark complexion, and lymphatic temperament, who sought advice in consequence of discharge from the vulva, of a whitish, greenish, or yellowish colour, which had existed for some months previously, and for which she had been treated with copaiba, cubebs, and the like ;—related that she had never been made the subject of physical examination, but had complained of frequent and painful micturition—ardor urinæ—swelling of the external organs ; for which symptoms the medicines described had been administered, without affording her any relief. At the date of our seeing her, the same symptoms still existed, together with pains in the back, shooting through the pelvis—sense of weight in the lower part of the abdomen, increased by standing ;—and constantly intermitting pains in the mammæ :—she exhibited great languor, lassitude, and disinclination to move—and suffered from pains in the limbs (the lower extremities especially), flatulency, loss of appetite, and occasional headache—her tongue was whitish—her bowels were constipated—her pulse 84. PHYSICALLY EXAMINED, *by the taxis*, the anterior lip of the os uteri was found enlarged, indurated, and painful on pressure ; *by the speculum*, two superficial ulcerations were detected within the cavity of the cervix—and the membrane sur-

rounding them was of a purplish colour, almost resembling the colour of a ripe Orleans plum—a *superficial ulceration* existed on the *left labium externum*, near to the *meatus urinarius*—the whole of the pudendum was tumified ;—*but, on passing the finger within the vagina, and pressing the urethra forwards, against the posterior surface of the pubis, the urethra was found healthy, and no appearance of discharge escaped from the meatus urinarius.*

8. Cases in which the speculum affords no information beyond negative evidence, or such evidence as may be arrived at without its employment.

CASE XIX.

FIBROUS TUMOURS OF THE UTERUS OR ITS APPENDAGES,

E. T—, an unmarried female, æt 32, a patient in the Westminster Hospital, under the care of Dr. Burne, (through whose kindness I was permitted to see her), was admitted into the Hospital on account of tumour in the lower part of the abdomen, which had existed for some months previous to her admission ;—related that her catamenia appeared for the first time at the age of 14, which became immediately periodi-

cally established, returning regularly every twenty-eight days, continuing five days, and requiring two changes per diem,—up to July 1837, when she was seized with flooding, which lasted six weeks, obliging her to change frequently, and which had been constantly followed by discharge, either white or coloured: in November, 1835, she discovered a small tumour, the size of a pullet's egg, in the left groin, which had gradually increased;—at the time of our seeing her, she complained of pains in the loins, and lower part of the back and hip—frequent but not painful micturition—irregularity in the menstrual period, and great variation in the quantity of the catamenia—her appetite was slightly impaired—she had flatulency, nausea, and occasional pains in the epigastric region—her bowels were regular—her tongue was clean—her pulse 80, full and strong. **PHYSICALLY EXAMINED**, a hard, solid, lobulated, moveable tumour, apparently of several pounds weight, was found filling up the whole of the pelvic cavity, and extending into the left lumbar region;—the cervix uteri was found to be healthy, but pressed upwards by the tumour;—the body of the uterus could not be examined in consequence of being displaced by the tumour.

CASE XX.

CHRONIC INFLAMMATION OF THE UTERUS, WITH ABRASION
AND PARTIAL PROLAPSUS.

Madame T—, æt. 27, a lady of fair complexion, and lymphatic temperament, for the opportunity of whose examination I am indebted to Dr. Andrews, of Golden Square, and who had come under his care in consequence of excessive discharge from the vagina, which had existed for two or three years previously ;—related that she had catamenia for the first time at the age of 16 ;—that the effusion immediately became periodically established, returning every twenty-eight days, continuing five days, and requiring four or five changes per diem ;—she had married at the age of 20—had had three children, the last of whom was four years of age ;—seven weeks after its birth, she had been attacked with frequent desire to void urine,—painful micturition,—pains in the back, the loins, and the groins,—sense of weight in the lower part of the abdomen,—and profuse discharge ; she had attributed that attack to rising too early after her confinement, and exposing herself to the fatigues of a journey ;—at the time of our seeing her, she complained of constant itching in the upper part of the vagina,—shooting pains in the

lower part of the abdomen,—frequent and occasionally painful micturition,—her urine was voided in small quantity,—she experienced a sensation as of something escaping from the vulva,—suffered with pains in the mammæ; her tongue was whitish, and her appetite good; but she was subject to flatulency, and rumbling in the bowels, which were constipated,—her pulse was 84,—she experienced frequent palpitations, occasional dyspnœa, and headache,—alternate shiverings and flushings, and coldness of the extremities; her pupils were dilated,—her eyes shining,—her skin was warm and moist. PHYSICALLY EXAMINED, *by the taxis*, the cervix uteri was found to be enlarged, indurated and painful on pressure; the uterus considerably prolapsed, so as to allow the cervix uteri to be seen by merely separating the external labia, when the orifice of the uterus was seen to be contracted, and the membrane lining it to be reddened and abraded.

CASE XXI.

ULCERATION OF THE CERVIX UTERI, WITH COMPLETE PROLAPSUS.

Elizabeth R—, æt. 37, a woman of dark complexion and bilious temperament, who sought advice on account of discharge from the vagina, of a whitish, greenish or yel-

lowish colour, which had existed since the period of her confinement, three months previously ;— related that she had catamenia, for the first time at the age of 12, but that the effusion did not re-appear for a twelvemonth when it became periodically established, returning every thirty days,—continuing two days, and requiring one change per diem,—she married at the age of twenty, had had two children—the last child was afflicted with congenital syphilis :—at the time of her seeking advice, she complained of pains in the lower part of the back, loins, groins and abdomen,—frequent desire to void urine,—painful defœcation, and pain in the womb, during the expulsion of the fœces ;—the catamenia were regular ;—but in their absence she was the constant snbject of whitish, greenish or yellowish discharge,—she experienced flatulency and nausea, headache, heaviness, and giddiness occasionally,—her tongue was clean,—her appetite good,—her bowels regular,—her urine was natural in appearance, and moderate in quantity, though expelled at many different periods throughout the day ;—her pulse was 80, good—her respiration natural—her skin warm and moist, but her inferior extremities were cold. PHYSICALLY EXAMINED, the whole of the uterus was found to be completely prolapsed, and as large as in the second month of pregnancy,—its orifice was considerably dilated :—the

membrane lining and covering it was ulcerated—the whole of the vagina was everted—and its mucous membrane had partially undergone the cutaneous transformation.

9. Cases in which the speculum cannot be employed, or wherein its employment might be followed with unpleasant consequences.

CASE XXII.

FUNGOID TRANSFORMATION OF THE CERVIX UTERI,

The Lady L—, æt. 37, a lady of fair complexion, and nervoso-lymphatic temperament, whom I saw, with Mr. Guthrie, of Berkeley Street, Berkeley Square, in consequence of her having been the subject of excessive discharge from the vagina, either colored or otherwise, for eighteen months previously ;—related that she had her catamenia for the first time at the age of thirteen, which then became periodical for three months, but suddenly disappeared in consequence of her taking cold, and did not re-appear till after the completion of her nineteenth year, when they became periodically established, returning

every three weeks, continuing four or five days, and requiring four or five changes per diem ;—she married at the age of twenty-three,—had had four children and two miscarriages; and had occasionally been the subject of whitish discharge, but in small quantity, till about eighteen months previous to our seeing her, when, without any apparent cause, it gradually increased ; since that time it had constantly existed or had alternated with colored discharge;—latterly in such profusion as to require the same changes as the catamenial effusion ; at the time of our seeing her, she complained of occasional pains in the lower part of the back and abdomen,—sense of fulness about the lower part of the hypogastric region, increased by the erect position;—frequent but not painful micturition,—painful defæcation—constant discharge, at all times highly offensive, sometimes highly colored, at others, of a palish hue;—her tongue was whitish—her appetite voracious,—her pulse 90, small and feeble—her skin was warm and moist,—her muscles were flaccid,—her countenance expressive of anxiety, — the skin of her face sallow,—her eyes dull and heavy;—she experienced dimness of sight, ringing of the ears occasionally, and palpitations of the heart, and dyspnœa on the slightest exertion;—she exhibited great languor, lassitude, disinclination to move, and distaste for society ;

—her inferior extremities were cold and clammy. PHYSICALLY EXAMINED, *by the taxis*, the vagina was found to be completely filled up by two tumours of fungoid character; one, of which the cervix uteri formed the pedicle, was of the size of a goose's egg—was easily recognized by merely separating the labia externa, being, in fact, almost without the vulva; the other grew from the upper surface of the vagina, and was about an inch in length, and two-thirds of an inch in diameter,—both gave issue, from every portion of their surface, to a sero-sanguineous discharge, and both were covered by a kind of layer of fibrous matter. The disease extended into the body of the uterus, and was already too far advanced to admit of remedial assistance,—palliative treatment only was adopted;—the hæmorrhage and discharge continued to alternate:—by their continued drain on the constitution the powers of life became exhausted, and in two months the patient fell a victim to her disease. It is to be regretted that no post mortem examination could be obtained from her friends, notwithstanding the most earnest entreaties for its accomplishment.

CASE XXIII.

SCIRRHOUS DISORGANIZATION OF THE UTERUS AND VAGINA.

Mrs. C—, æt. 35, a woman of dark complexion and

bilious habit, and a patient of Mr. Webster, of Connaught Terrace, by whom I was requested to see her, in consequence of her having been the subject of frequent hæmorrhages, for some two or three years previously ;—related that she was one of nineteen children, and that from a child she had always been subject to bleedings from the nose ;—her catamenia appeared for the first time at the age of fifteen, when the effusion became immediately periodically established, returning every four days, and continuing three days, but always pale and in small quantity :—married at the age of eighteen, but had never become pregnant ;—eleven years previous to our seeing her she had what was called a nervous fever, which was accompanied by severe pains in the hips and lower part of the loins—subsequent to which discharge frequently occurred from the vagina, sometimes of a yellowish, at others of a whitish colour,—sometimes of a limpid, watery fluid, at others of coagula ;—this variable discharge continued a year and a half, when it suddenly disappeared :—she became robust and corpulent, and appeared to enjoy exceedingly good health, excepting that she experienced voracious appetite,—sensation of sinking in the stomach, and stiffness of the hips, which she considered to be rheumatic :—about six years before she sought the advice of Mr. Webster, after a long walk, she was suddenly seized with profuse hæmorrhage,

accompanied by clots, which continued, in greater or less quantity up to the time of our seeing her, excepting at the Christmas preceding, when she passed three months without any discharge, and with but very little pain ; after the expiration of that period, the hæmorrhage returned in great profusion (a quart of sanious fluid being frequently voided in the course of a day), accompanied by excessive pains in the lower part of the back, abdomen, loins and groins, frequent and painful micturition,—swelling of the left leg,—all of which symptoms existed at the time of our seeing her—her tongue was furred—her appetite voracious—her bowels constipated, except when relieved by medicines—her respiration was easily excited,—her pulse small and feeble,—the skin warm and moist, and occasionally clammy—her extremities were cold—her eyes dull and heavy—her countenance sallow and expressive of anxiety,—she complained of languor, lassitude, fatigue, and palpitation of the heart on the slightest exertion,—frequently experienced ringing of the ears—dimness of sight and giddiness, and often burst forth, as it were involuntarily, into a flood of tears. PHYSICALLY EXAMINED, *by the taxis*, the cervix uteri and the whole of the vagina were found converted into many lobules of a hard substance, which *crepitated* under the pressure of the finger, and constantly gave issue to sanious fluid.

10. Cases of Amenorrhœa dependant on different diseases of the re-productive system, with the rational treatment of each.

In the earlier periods of infancy the uterus has no peculiar function to perform; its whole office seems limited to the movements of composition and decomposition, which constitute its vitality; but as the period of puberty arrives, it takes upon itself new and important duties; its tissue enlarges, dilates, becomes permeable, and to a certain extent, erectile. It becomes a centre of excitement at certain periods;—the seat of a periodical local congestion, and the source of consecutive effusion—the catamenia. The period at which these circumstances first occur, varies in different individuals, and in different climates; in the inhabitants of our own climate, they usually take place about the fourteenth or fifteenth year,—but occasionally, as among women of eastern climes,* they appear as early as the eighth or

* Ayesha, the favorite wife of Mahommed, married at the age of nine years, and bore him a child in her tenth year.—*Blundell's Lectures on Midwifery.*

tenth year;* the women of northern climes, have frequently no evidence of them before the age of twenty or twenty-three:—this periodical excitement, with its consecutive phenomena, disappears after some hours' or days' duration, and usually recurs at intervals of from twenty to thirty days, until the final cessation of the catamenia, about the forty-fifth or fiftieth year.

To understand this function of menstruation and its derangements, it is necessary to call to mind the intimate connection existing between the uterus and the ovaries; which are not only connected by contiguity and continuity, but by unity of function, both, contributing to one common act, the formation and developement of a new being.

In Greece, and other hot countries, girls begin to menstruate at eight, nine, and ten years of age; but advancing to the northern climates, there is a gradual protraction of the time, till we come to Lapland, where women do not menstruate till they arrive at maturer age, and then in small quantities, at long intervals, and sometimes only in summer.—*Dr. Denman's Introduction to Midwifery, by Mr. Waller.*

* A case is related in the *Transactions of the Medical and Chirurgical Society of London*, by Dr. Martin Hall, of a child aged nine years, having menstruated regularly at the age of *nine months*,—in whom also all the symptoms which attend *puberty* were present before she was two years old.

The office of the uterus (which is a hollow viscus occupying the centre of the pelvic cavity) is to receive the embryo, and supply it with the materials of its growth;—that of the ovaries (of which, one is connected to either side of the uterus by means of a ligament), is to contribute to the developement of the ova, and their contents, the rudiments of the embryo;—the ova imperfectly developed exist in the ovaries before the birth of the individual of whom they form a part, and are often recognizable even in the sixth month foetus:—in the earlier periods of infancy the developement of the ova is extremely slow; but as the period of puberty arrives, one or more acquires a rapid developement, enlarges, becomes distended, and making pressure on its investing membrane, excites irritation in it, and in its neighbourhood;—the termination of one of the fallopian tubes (canals situate between the ovaries and the uterus, and destined to convey the ovum to the uterus), participates in, and conveys that irritation to the uterus;—the uterus thus excited, becomes a centre of determination, and favored by the vascularity of its tissue, becomes a seat of conges-

tion, until the minute terminations of its vessels, no longer capable of resisting distension, allow the congested fluid, somewhat altered by its passage, to escape in the form of the catamenia;—meanwhile the ovum grasped by the fimbriated extremity of the fallopian tube, and becoming distended by the excitement, of which itself is the centre, bursts from its confines, passes through the tube, into the uterus, and subsequently is expelled, if it be not impregnated; the excitement gradually subsides after the detachment of the ovum from the ovary, and re-appears at the next catamenial epoch, with the same train of phenomena.

In support of this theory of menstruation, we have daily opportunities of remarking at post mortem examinations, not only that the ovaries of unmarried women bear the traces or cicatrices of detached ova, but in many instances also of proving that the number of those cicatrices corresponds with the number of catamenial effusions the individual had experienced. It has occasionally happened also that at the post mortem examination of a woman, who has died during the existence of

the catamenial effusion, an ovum has been found partly within the expanded extremity of the fallopian tube, and partly detached from the ovary, whilst the ovary itself has exhibited signs of congestion, and that portion of its membrane which surrounded the ovum has borne traces of recent rupture. Some fourteen months since, this condition of the uterine appendages was witnessed by myself and Mr. Lovegrove, of Upper Baker Street, in the left ovary of a young woman, (who died of congestion of the brain, on the first day of the catamenial effusion ;)—in whom the hymen was perfect, and whose ovaries exhibited six or seven cicatrices ; the same circumstances have been witnessed by my late colleague, Dr. Richmond of Fenchurch Street, as well as by many other individuals.

In the earlier stages of the reproductive life of woman it frequently happens, that the developement of the ovum does not take place with such degree of energy as is sufficient to give rise to the phenomena of menstruation ; the excitement produced by the ovum on the surrounding parts, is slight, and that which is communicated to the uterus is slight also ;—the uterus becomes irritated,

perhaps slightly congested, but the catamenia do not appear; in such cases amenorrhœa would arise from immature developement of ova, and consequent inefficient excitement of the uterus. Left to itself this partial excitement might continue for weeks or months in succession, until the complete developement of an ovum, and the consecutive excitement should be sufficient to accomplish the function of menstruation; but in the interim, this continued irritation of the uterus, and ovaries, would be communicated to other organs, which would sympathize in their suffering and lose the power of properly discharging their functions; the stomach would be the first to sympathize—the appetite become impaired or capricious, and nausea and flatulency ensue;—the pulmonary system would be affected,—cough and dyspnœa appear; the heart would participate,—palpitations and irregularity of the pulse occur, and the skin become alternately flushed and chilled,—the brain would suffer;—headache supervene, the countenance become sallow and expressive of anxiety, the eyes dull and heavy;—the patient would experience disinclination to exertion,—and

the usual train of symptoms comprised under the term of chlorosis. In such cases, Physical Examination would afford only negative evidence, the ovaries being situate beyond its reach, and the uterus experiencing so slight an alteration, as scarcely to be recognized by its means. The treatment indicated in such cases would be the employment of those remedial agents, which have the power of exciting congestion in the reproductive system, either by special action on its tissue, or by producing irritation in its neighbourhood.

CASE XXIV.

AMENORRHŒA, FROM IMMATURE DEVELOPMENT OF THE OVUM.

Miss Lavinia W—, æt. 15, a lady of fair complexion and nervous temperament, who sought advice in the month of February, 1837, in consequence of having experienced general indisposition for some months;—related that *she had never had catamenia,—complained of occasional flying pains in the lower part of the back and stomach, involuntary fits of crying and laughing, sense of constriction about the throat—occasional difficulty of swallowing—flatulency—sense of weight in the stomach*

after taking food—rumbling in the bowels, which were also irregular—slight cough and difficulty of breathing,—palpitation on the slightest exertion,—headache, especially at the back part;—her eyes were dull and heavy,—*her countenance of a pale yellow colour*, and her whole appearance exhibited apathy to exertion, and lassitude in action;—her tongue was clean, her pulse irregular,—her extremities cold and clammy,—her muscles relaxed and flaccid. These symptoms having been regarded as arising from defective developement of the ovum;—she was advised to take *Pil aloes c̄ myrrha, gr. viij nocte maneque*,—to rub the lower part of the back and abdomen with volatile liniment, and to make use of the hip bath, at the temp. 102 F. for a quarter of an hour every night, at bed-time:—by persevering in this treatment for three weeks, *the catamenia became subsequently periodically established, and all the symptoms disappeared.*

The developement of the ovum (the primary cause of menstruation) may be, and frequently is, suspended by the occurrence of some important disease in a distant organ, by which the congestive action, necessary to its developement, is turned aside, as it were, on some other portion, and in such cases, amenorrhœa exists without any

alteration of structure, either in the uterus or ovaries—and to relieve it, we must first remove, or at least, alleviate the disease which has produced it, and subsequently assist nature in her efforts to establish menstruation by the means just indicated.

CASE XXIV.

AMENORRHŒA FROM SUSPENSION OF OVAN DEVELOPEMENT,

Miss Kitty Pr—, æt 15, a lady of fair complexion, and lymphatic temperament, who sought advice in August 1838, on account of general indisposition, which was presumed by her parents, to result from *absence of the catamenia*;—related that about five months previously, she had experienced *occasional sense of weight in the lower part of the stomach*,—*slight white-coloured discharge from the vagina at irregular intervals*—*enlargement of the mammæ*—*and occasional fits of hysteria*,—*she had never had catamenia*. About three months before seeking advice, she had been attacked with scarlet fever, which confined her to the house for a few days, subsequently to which she enjoyed good health; all her pains having left her;—three weeks before coming under treatment, she was seized with *crampy pains in the back and stomach*, which existed at the time of my seeing her, when, in addition, she experienced constant

nausea and sickness, — rumbling in the bowels accompanied by *sense of constriction about the throat*, — swelling of the legs, and coldness of the extremities, — lowness of spirits and disinclination to move, — her pulse was feeble and 84. — her tongue clean — her bowels regular, — her skin cool and moist, and of a *pale straw color* — her muscles were *flaccid* — her *mammæ slightly developed*; — her countenance was somewhat expressive of anxiety — her lips were pallid, and her eyes languid. On the presumption that the developement of the ovum had been partially suspended by the *eruptive* disease, and was now inefficiently renewed; she was ordered to take *Pil aloes c̄ myrrha*, gr. viij, nocte manequē, hip-baths, moderate exercise, — plain nutritious diet, &c. On the 1st of October *the catamenia had become established* — *all the symptoms described had disappeared*, and the general health was good.

Some cases of amenorrhœa in the earlier periods of reproductive life, originate in a want of dilatibility in the exhalant orifices of the uterus, by which the fluid determined to them is obstructed in its exit. In such cases the fluid becomes accumulated in the vascular tissue of the uterus, and gives rise to its congestion; which

is manifested by sense of weight in the lower part of the abdomen, pains more or less acute, shooting through the pelvis, loins, and groins,—painful defœcation and micturition, and, perhaps, slight leucorrhœal discharge;—alternations of flushing and shivering,—headache, especially at the back part, and sometimes hysterical symptoms. These phenomena sometimes disappear after some hours' or days' duration, and re-appear at irregular intervals, until the exhalant orifices having become more permeable afford an easy exit to the effusion;—in some women, however, this congestion of the uterus is not entirely dissipated during the catamenial intervals, but increases after each epoch, and renders the local and general symptoms, developed at the period, more severe,—the vascular tissue of the uterus becomes preternaturally distended, or ruptured by over-distension, allows the fluid it contains to escape into the uterine parenchyma, and to give rise to engorgement or infiltration. Any other irritant acting on the uterus or its neighbourhood, may, as well as the development of the ovum, give rise to congestion and engorgement of the uterus;—such for example as precocious, or

too frequently repeated sexual excitement, the motions communicated to the uterus, by blows or falls on the pelvis, knees, or feet; the internal exhibition of such medicines as possess the power of acting specially on its structure, such as rhue, savin, &c., or of exciting irritation in its neighbourhood, as aloes, scammony, and other drastic purgatives.

When the skin is suddenly exposed to a current of cold air, or when acid drinks are taken into the stomach, some women experience a sort of spasmodic contraction of the exhalant orifices of the uterus; the same thing is produced by moral emotions, by the shiverings of intermittent fevers, &c. If these causes act immediately previous to the commencement of the catamenial period, they not only prevent the flow of the catamenia, but also prevent or turn aside on some other organ, the local excitement which precedes it, * and the uterus remains in its normal condition. If on the contrary, they are called into action while the menstrual excitement is in full activity, to the suspension of the catamenia other symptoms are added, which indicate congestion of the uterus.

* *Vide* Case X p. 126.

The natural stimulus of the uterine apparatus, may by its abuse, or its use at certain epochs, give rise to analogous engorgements, or tend to support them when they already exist.

Strict celibacy by depriving the uterine apparatus of a necessary stimulus, may throw the uterus into a state of inertia, and render it incapable of throwing off by sufficient menstruation, the fluids determined to it, by the menstrual excitement, and give rise to congestion and engorgement.

The continuance after the expulsion of the foetus, of the determination to the uterus of the materials necessary to the developement of the foetus, may also become a cause of congestion, whether that expulsion take place prematurely, or at the full period of utero-gestation. Whatever is capable of suppressing the evacuation of the lochia without arresting the congestive action, which furnishes its materials, may become the cause of engorgement of the uterus;—every case of accouchement, even the most favourable, leaves as a consequence, a congested or engorged state of the uterus, which is

usually dissipated in the first nine days following parturition, either by the lochia or the derivative influence of the milk; sometimes, however, and especially if the uterus, have been much excited, the engorgement is not dissipated till a much later period; if, the patient should rise and fatigue herself, become chilled, or expose herself to the various causes already indicated, before this resolution be complete, a centre of engorgement would remain, which might gradually increase, and become sooner or later, the centre or origin of more serious alterations.

In proportion as woman advances in age, and passes beyond the period assigned to the faculty of re-production, the tissue of the uterus has a tendency to return to a state analogous to that which it presented previous to puberty;—it gradually becomes contracted, and less permeable,—at the same time, the congestive excitement which rendered it a centre of vital activity, and of sanguine determination, decreases from day to day, until it completely ceases between the ages of forty-five and fifty-five. With some women, however, the congestive

excitement continues without limits, as without periodicity, and the blood continues to flow either into the vessels, or from the over-distended vessels into the uterine parenchyma, or on the internal mucous surface of the uterus, producing congestive engorgement or hæmorrhage, &c.*

Whatever may have been the cause of preternatural congestion, engorgement, or infiltration of the uterus, the same effect will be produced, there will be difficulty, or derangement in the performance of the function of menstruation, or perhaps, total suspension of the catamenial effusion,—there will be the same train of symptoms indicating plethora in the pelvic cavity; the same sensations of pain will accompany the efforts of defœcation and micturition; the same influence will be exerted over the functions of organs situate at a distance from the uterus, modified in degree only by a variety of circumstances, and if the individual affected, be made the subject of physical examination, the volume of the whole uterus, or some portion of it, will be found

* Dupareque, op. cit.

augmented,—its tissue will be found more dense, but less solid,—its sensibility slightly increased,—and its color will be seen to be deepened, unless the engorgement have already undergone some one of the numerous alterations it readily experiences. Whenever, therefore, amenorrhœa is found to be dependant on preternatural congestion, engorgement or infiltration of the uterus (cases analogous to case 28 excepted), the treatment indicated will be, first, to favor the exit of the congested fluid, by direct artificial means, such as leeches applied to the cervix uteri, or to the orifice of the rectum or scarifications of the cervix uteri; secondly, to promote its absorption by derivatives applied to the skin and mucous membranes; thirdly, to prevent congestive action taking place in the uterus during the continuance of the preternatural congestion, which may often be accomplished by abstracting four or five ounces of blood from the arm, two or three days immediately before the usual catamenial period.

CASE XXVI.

AMENORRHŒA FROM ENGORGEMENT OF THE WHOLE
UTERUS.

Emma T—, æt. 27, a woman of fair complexion and lymphatic temperament, who sought advice at the Infirmary for Diseases of Women, &c., in May 1838, in consequence of absence of the catamenia, which had existed thirteen months;—related that she had experienced the effusion for the first time at the age of 17;—that it immediately became periodical, returning every thirty days, continuing three days, and requiring one change per diem;—that thirteen months previous to her seeking advice she had been caught in a shower, and wetted her feet, during the flow of the catamenia, by which the effusion was suddenly suppressed, and had not since returned:—she complained of *lancinating pains, and sense of weight in the lower part of the abdomen,—pains in the loins and lower part of the back, which were considerably augmented at intervals of twenty-eight or thirty days;—constant leucorrhœa;—painful and frequent micturition,—painful defœcation;—pain in the front part of the head, loss of appetite, flatulency and pains in the limbs,—her bowels were regular,—her tongue clean,—her pulse 78 and full—an eruption (erythema*

nodosum) existed in the lower extremities. PHYSICALLY EXAMINED, the cervix uteri was found natural, the whole uterus had fallen a little into the vagina; and the body of the uterus, felt through the uterine extremity of the vagina, was found to be considerably enlarged, tense, and slightly painful on pressure. Amenorrhœa being in this case regarded as dependant on engorgement of the body of the uterus, six-leeches were applied to the rectum,—the patient was ordered to lose six ounces of blood from the arm immediately, and repeat it at intervals of a fortnight—to apply a drachm of the following ointment:—*Rx Antim: Tart: ʒj, Axungiæ ʒj, m.* to the lower part of the abdomen and back, three times a day, in the manner following:—viz., the first application to the inside of the upper part of the right thigh;—the second to the inside of the upper part of the left thigh;—the third to the lower part of the abdomen;—the fourth to the outer side of the right thigh;—the fifth to the outer side of the left thigh;—the sixth to the lower part of the back;—the seventh to re-commence with the inside of the upper part of the right thigh: * she was

* The object of this application of the ointment at different points, is the prevention of the pustules, which generally follow repeated applications of the tartarized antimony to one point;—not only are pustules prevented, but the nausea which follows the internal exhibition of antimony is obviated, while its sudorific effects are obtained.

advised, in addition, to take three table-spoonsful of the following mixture every morning, R. *Magnes: Sulph: ʒj* *Magnes: Calc: ʒss*, *Sod: Carb: ʒiss*, *Tinct: Hyoscyami ʒiss*, *Aq: Menth: Pip: ʒiss*.

By persevering in the use of these remedies the catamenia became established, and in October all the symptoms had disappeared.

CASE XXVII.

AMENORRHŒA FROM CHRONIC INFLAMMATION OF THE PARENCHYMA OF THE WHOLE UTERUS,

Louisa S—, æt. 27, a married woman of fair complexion and lymphatic temperament, who also sought advice at the Infirmary for Diseases of Women, in March last, on account of absence of the catamenia, which had existed for four months, and for which she had been treated with drastic purgatives, which had not afforded any relief, but, on the contrary, had aggravated the symptoms ;—related that the catamenia appeared for the first time at the age of thirteen, that the effusion immediately became periodical, returning every thirty days, continuing four days, and requiring two changes per diem :—the catamenia became suppressed at the age of seventeen, in consequence of exposure to cold during the effusion, and were not re-established till fourteen months

afterwards:—she had married at the age of twenty-three, and had her first child ten months afterwards;—the catamenia were again suppressed at the age of twenty-four, and did not re-appear for four months;—she gave birth to a second child at the age of twenty-six, sixteen months before seeking advice, from which period she had enjoyed good health (the catamenia having appeared one month after she weaned her infant, and re-appeared at the regular periods), till within four months prior to her admission. At the date of her admission she complained of *pains in the lower part of the stomach, sense of weight in the same situation,—severe pains in the back and loins,—dragging sensation in the thighs, extending down the inside, as far as the knee,—sense of constriction around the haunches,—frequent desire to void urine, increased by the erect position,—absence of the catamenia, and slight leucorrhœa occasionally,—her tongue was whitish, and her appetite impaired,—she experienced flatulency,—hysterical movements in the bowels,—nausea, vomiting,—sense of constriction about the fauces,—pain in the epigastric region, especially after taking food,—her bowels were constipated,—her respiration natural; but she experienced frequent palpitations of the heart,—her pulse was eighty-six, strong and full,—her skin warm and moist; but she occasionally suffered from alternate shiver-*

ings and flushings,—headache,—giddiness and ringing in the ears,—her eyes were prominent and shining ;—she exhibited disinclination to exertion, and complained of weariness in her limbs. PHYSICALLY EXAMINED, *the lower part of the abdomen was found to be enlarged, tense, and painful on pressure—the cervix uteri, and its anterior lip more especially, was also enlarged and painful on pressure, and of a bright red color—the body of the uterus was found to be enlarged and painful also.*

The treatment adopted in this case was precisely similar to that described in the last case, and by persisting in its employment, and enjoining absolute repose, the whole of the symptoms disappeared.

This mode of practice, which I conceive to be that which is most applicable to the majority of cases in which congestion, or engorgement, or inflammation is proved to be the cause of amenorrhœa, is not however applicable to all such cases, of which the following is an example :—

CASE XXVIII.

AMENORRHOEA FROM INERTIA, AND CONSEQUENT CON-
GESTION OF THE UTERUS.

Miss Elizabeth D—, æt. 16, a lady of fair complexion and lymphatic temperament, who sought advice in April last, for pains in the back and stomach, which had existed for some months previously ;—related that *she had never had catamenia*, but had long been the constant subject of *sensations of weight and pain in the lower part of the stomach, the loins and groins, which were considerably more severe for a day or two, at irregular intervals of three or four weeks* :—at the time she came under treatment, they still existed, and in addition she complained of *slight leucorrhœa*—œdema of the lower extremities,—loss of appetite, flatulency, and difficulty of breathing,—her pulse was eighty-two, regular but feeble ;—her tongue whitish ;—her bowels were irregular, but generally constipated ;—her countenance was pallid :—no physical examination was instituted, but as the symptoms appeared to announce a congestion of the uterus, resulting from a kind of inertia, the indication was presumed to be to favor, or rather increase, congestion of the uterus ; the treatment adopted, consequently consisted

of hip-baths every other night at bed time,—*Pil. Ferri c Myrrha gr. viij.* night and morning, and a saline aperient every day at noon ;—she was advised also to make use of equestrian exercise, and live generously ;—by these means the effusion became regularly established, and the symptoms complained of disappeared.

Left to itself, infiltration of the uterine parenchyma may go on increasing from day to day, until the whole uterus be converted into a pulpy mass, and its investing membrane, yielding to distension, allows the fluid to escape as fast as it enters the uterus, giving rise to one of the worst forms of menorrhagia ;* or the more fluid portion of the congested matter becoming absorbed during the catamenial interval, the solid portion may remain, and form the basis of induration or other alterations of structure, which may produce amenorrhœa, though the derangement of function which such alterations most commonly excite, is probably dysmenorrhœa ; to which head I therefore refer my reader for the treatment of such cases.

Inflammation of any of the tissues of the uterus may

* *Vide Case 35*

also leave unnatural deposits, which, in like manner, may form the basis of induration, &c., and give rise to amenorrhœa.

Amenorrhœa is also the natural consequence of gestation, and careful investigation is often requisite to avoid considering and treating as a disease, that which is merely a natural phenomenon, as in the following ;—

CASE XXIX.

AMENORRHŒA FROM PREGNANCY, ACCOMPANIED BY SOME OF THE SYMPTOMS OF CHRONIC ENGORGEMENT.

Jane R—, æt. 25, a woman of dark complexion and bilious habit, who sought advice in July last, on account of absence of the catamenia, which had existed five months ;—related, that about that period the catamenia suddenly ceased to flow, in consequence of her having been frightened, and had not re-appeared since :—she complained of *pain in the lower part of the back and loins—shooting through the hips,—pains extending down the front part of the thigh,—frequent desire to void urine,—sense of weight in the lower part of the abdomen,—and slight leucorrhœa ;—nausea, especially in the morning,—pain in the front part of the head ;—her tongue was*

clean ;—her bowels regular, and her skin cool and moist. Examined *by palpation above the pubis*, the hypogastric region was found tense but not painful, and the uterus could readily be recognized to be of increased volume ; *per vaginam*, the cervix uteri was found enlarged but shortened,—its orifice preternaturally open ;—the body of the uterus was found to be enlarged, and fluctuation was perceived in it,—the mammæ were considerably enlarged but not painful—the mammary veins were very distinct,—a limpid fluid could be pressed from the nipple, and a slight areola surrounded it ;—she gave birth to a male child in December.

It also happens occasionally that Amenorrhœa is produced by too long continued nursing, by which the uterine apparatus, deprived of its natural stimulus, falls into a state of inertia, and requires the treatment already indicated in Case 28.

Of the various causes of Amenorrhœa just enumerated, although many others may exist, the first and third, viz. immature developement of the ovum, and congestion of the uterus, from want of dilatibility of its exhalant orifices, most commonly occur in very young women, and

in them physical examination may generally be dispensed with, the nature of the disease being evident from the accompanying symptoms; but the other causes usually occur in women of more advanced age, and have no peculiar derangements of function to announce their nature, consequently no excuse can be offered for neglecting the proposal of physical examination, after a reasonable time has been allowed to elapse, for the purpose of gaining the confidence of the patient; or at farthest, after a merely palliative treatment has failed to relieve the symptoms complained of.

11. Cases of Menorrhagia, dependant on different affections of the uterus or its appendages, with the appropriate treatment of each.

The natural quantity of fluid effused at each menstrual period varies from two to four ounces, and its effusion generally continues, during from three to five days;—the catamenial interval is usually from twenty to twenty-eight days. The quantity of fluid may be increased to

many ounces at each period ;—the preternatural effusion may continue many weeks or months, the catamenial interval being altogether suspended, or occurring only at long periods, and continuing but for a day or two ; either of these circumstances constitutes Menorrhagia, but for distinction's sake, the latter only is by some authors called by that name ; the former being denominated profuse menstruation.

Although neither form of Menorrhagia be by any means the most frequent derangement of function incidental to the earlier periods of reproductive life ; yet, it sometimes happens, in young women of sanguine temperaments and plethoric habits, as well as in women of more advanced age, possessing the same habits and temperaments, that the developement of the ovum, (the primary cause of menstruation) excites an inordinate degree of irritation in the uterine apparatus, and that in consequence a preternatural quantity of fluid is determined to its tissue, which immediately escapes from its exhalant orifices, thereby preventing the congestion which would otherwise occur, although producing one form of profuse menstruation.

In many cases this profuse discharge may be regarded as a salutary effort of nature to relieve general plethora, requiring nothing more than repose during its existence ; but in many others it is accompanied by symptoms of considerable severity, and demands active treatment, as in the following example :—

CASE XXX.

MENORRHAGIA FROM PRETERNATURAL CONGESTION OF THE UTERUS, OCCURRING IN A WOMAN OF PLETHORIC HABIT AND SANGUINE TEMPERAMENT.

Miss D. S—, æt. 19, a lady of sanguine temperament and plethoric habit, whom I was requested to see in April last, in consequence of her suffering from profuse colored discharge from the vagina, accompanied by severe pains in the back and abdomen, and hysterical symptoms ; related that the catamenia appeared for the first time, at the age of eleven, but in minute quantity ; that subsequently the effusion became periodically established, returning at intervals of three weeks, continuing four or five days, and requiring two or three changes per diem ;—for the two years preceding my seeing her, the effusion had always been accompanied by severe pains in the lower part of the abdomen—the loins and the groins,—which

existed also at the actual date of her seeking advice, accompanied by sense of weight in the lower part of the abdomen, frequent and painful micturition ; painful defæcation—and leucorrhœa in the absence of the catamenia ;—her respiration was hurried, her pulse 100,—her skin hot and dry—her tongue was furred, her bowels were irregular, and she experienced apathy to exertion, and lassitude in action. No physical examination was instituted ; but the symptoms having been presumed to be dependant on preternatural congestion of the uterus, she was ordered to lose blood *ad syncope*, and to take three table-spoonsful of the mixture already indicated in case 26, page 127, every four hours ;—the following day the bleeding was repeated, and eight leeches were applied to the hypogastic region, after which, by continuing the use of the mixture, all the symptoms disappeared, but whether they returned at the next period, I am not prepared to say, as she left town two or three days before the catamenial period arrived.

In some women of highly nervous temperaments, the irritation produced by the developement of the ova, although slight, may by being conveyed to the sensorium, and thence reflected to the uterus, give rise to similar preternatural congestion of the uterus, and consecutive inordinate effusion,— as in the following :

CASE XXXI.

MENORRHAGIA FROM PRETERNATURAL CONGESTION OF THE UTERUS, OCCURRING IN A WOMAN OF NERVOUS TEMPERAMENT.

Miss Th—, æt. 19, a lady of very fair complexion, and nervous temperament, accustomed to sedentary occupation, who sought advice on account of excessive colored discharge from the vagina, at the catamenial epochs;—related that the catamenia appeared for the first time at the age of fifteen, when the effusion immediately became periodical, returning every thirty days, and usually continuing seven or eight days. At the time of my seeing her the catamenia existed, accompanied by acute intermitting pains in the left groin,—headache especially at the back part, and hysterical motion of the bowels—her tongue was clean, her bowels irregular:—she was advised to take two of the following pills, *Rx Pil: Rhæi: Co: Pil: Galb: Co: aa gr. iij ft: Pil: i*, every night at bed-time, and two table-spoonsful of the following mixture, three or four times daily, *Rx. Tint: Hyoscyami, Sp: Ammon: Co:, Sp: Lavand; āā ʒiij Syrupi: Croci: ʒij Mist: Camph: ʒxiv m.*

By the use of these medicines she experienced immediate relief, and the subsequent catamenial epochs, were

productive of less effusion, unaccompanied by the same painful sensations.

Any source of irritation acting on the uterus or its immediate neighbourhood, may also give rise to profuse menstruation, or menorrhagia, as seen in the following cases:—

CASE XXXII.

PROFUSE MENSTRUATION FROM CHRONIC INFLAMMATION OF THE URETHA, VAGINA, AND CERVIX UTERI, AND POLYPUS OF THE URETHRA

Mrs. B—, æt. 25, a lady of dark complexion, and bilious temperament, whom I was requested to see in July last, by a medical gentleman, of Piccadilly, in consequence of her suffering from profuse hæmorrhage from the vagina, accompanied by hysterical convulsions, and excessive pain in the region of the uterus, shooting through to the back;—related, that she had been the subject of a whitish discharge from the vagina, since the age of sixteen—that eight weeks previous to my seeing her, she had been attacked with ardor urinæ and dysuria, and considerable increase of discharge—and that imagining she had contracted some disease from her husband,

she had applied to a gentleman in Birmingham, who said no venereal disease existed; but that the symptoms described, resulted from the presence of a polypus in the urethra, which having been removed by him, all the symptoms had disappeared;—she had had catamenia fourteen days previously to the date of my seeing her,—complained of violent intermitting pains in the lower part of the abdomen (the right groin especially), extending down through the pelvis, and right thigh,—painful defœcation, tenesmus and dysuria,—pains in the sacrum, increased by the erect position, and *profuse red colored discharge from the vagina*;—pain in the head, flatulency, loss of appetite, and coldness of the lower extremities,—her tongue was healthy, her pulse 90, her skin cool and moist, her respiration natural, and her bowels regular;—Examined *by palpation*, great tenderness on pressure was found in the hypogastic, and right iliac regions;—*by the taxis per vaginam*, pain was produced by pressing the urethra against the pubis,—the meatus urinarius was found surrounded by granulations in a state of chronic inflammation: the cervix uteri was enlarged, tense, and painful;—*by the speculum*, the membrane covering, and lining the cervix uteri, was seen to be preternaturally red, and its surface abraded: its orifice gave issue to a red colored fluid—the whole of

the membrane lining the vagina, was preternaturally red and sensitive, and a polypoid growth filled up the urethra. July 26th, she was ordered to lose ten ounces of blood from the arm, and to take *Tinct: Hyoscyami* ʒj every night at bedtime. July 31st, her pains were diminished, and the severity of the symptoms had abated—but her bowels were constipated ;—she was desired to repeat the sedative at bed time, and make use of an enema the following morning. August 1st, the discharge had ceased, but the pain continued, the membrane lining the vagina, and cervix uteri, exhibited the same preternatural redness ;—the polypus was removed with a pair of probe-pointed scissors,—eight leeches were applied to the cervix uteri, and she was ordered to make use of the hip bath every night—poppy fomentations three times a day, and to continue the use of the enema every morning ;—the 10th of September all the symptoms had disappeared.

CASE XXXIII.

MENORRHAGIA FROM POLYPUS UTERI,

Mrs. T.—, æt. 35, the wife of a hackney-man, a woman of dark complexion, and bilioso-lymphatic temperament, who was sent to me in April last, by Mr. Whidbourn, of Judd Street, in consequence of having been the subject of excessive colored discharge from the vagina for some months ;—related that the cata-

menia appeared for the first time at the age of sixteen—immediately became periodical, returning at intervals of twenty-eight days, but so slight, as scarcely to require a safeguard, up to the date of her marriage :—married at the age of nineteen, after which the effusion became more profuse ; five months previous to the date of my seeing her,—she had had a miscarriage accompanied by profuse hæmorrhage ; the hæmorrhage still continued ; she had been treated with acid medicines for weakness of the constitution, as it was called, for three months previous to her consulting Mr. Whidbourn, and had been told to separate from her husband because she had cancer of the womb ;—she had never been made the subject of physical examination ;—she brought with her about two ounces of coagulated blood, which she said had been voided with her urine ;—complained of pains in the back, shooting through the pelvis,—sensation of weight in the lower part of the abdomen, and of a body partly escaping from the vulva,—constant copious effusion of a sanious fluid,—intermitting pains in the mammæ, of considerable severity during their existence :—her tongue was clean.—she experienced flatulency,—voracious appetite, dizziness, and ringing of the ears,—her pulse was 80, and regular,—her bowels regular. PHYSICALLY EXAMINED, the cervix uteri was found enlarged, and its orifice dilated and filled up by a round

moveable tumour, about the size of a hen's egg, supported by a pedicle attached to the membrane lining the cavity of the cervix ;—the tumour was almost insensible to pressure,—of a dirtyish yellow colour, and bathed with mucous and sanious fluid.

Through the kindness of Mr. Guthrie she was admitted into the Westminster Hospital, on the 1st of May, allowed fish and middle diet, and advised to take a dose of castor oil occasionally. On the 5th of May, having been placed on the table, (Wood cut, No. 8, page 68), by means of the speculum the tumour was disclosed, and having been brought down to the vulva by a pair of hooked forceps ;—its pedicle was divided by a pair of probe-pointed scissors, and the whole tumour removed ; slight hæmorrhage followed, which ceased on the application of cold water ; on the 16th the incised surface had healed, and she left the hospital cured. At the present moment, February 1839, she is in the seventh month of pregnancy.

By far the most frequent causes of Menorrhagia are the various degrees of engorgement by congestion, in which the fluid having infiltrated the parenchymatous tissue of the uterus, is constantly poured forth on the mucous membrane lining its cavity, as in the following :—

CASE XXXIV.

MENORRHAGIA FROM ENGORGEMENT BY CONGESTION,
WITH ABRASION,

Eliza E—, æt. 20, a woman of fair complexion, and nervoso-lymphatic temperament, who became a patient of the Infirmary for Diseases of Women, in February 1838, in consequence of having been the subject of constant colored discharge for ten weeks;—related that the catamenia appeared for the first time at the age of fifteen; that the effusion immediately became periodical, returning at intervals of twenty-two or twenty-three days, continuing three days, but requiring only one change per diem;—could give no account of the origin of her present affection;—complained of pains in the lower part of the back and abdomen, and sense of weight in the same situation,—painful defæcation, and tenesmus,—itching sensation about the external organs, constant discharge,—her tongue was covered with a brownish fur, her bowels were irregular, her appetite impaired; she experienced sense of weight in the stomach, and flatulency after taking food, and sickness, especially in the morning,—her pulse was 100, small and feeble,—her respiration suspirious, her skin warm and moist, her lower extremities cold, her countenance sallow, her eyes dull and heavy,

and she experienced great langour, lassitude, ringing in the ears,—and palpitation of the heart on the slightest exertion. PHYSICALLY EXAMINED, the whole uterus was found enlarged but soft and slightly painful on pressure; —the membrane lining the cervix was preternaturally red and abraded, and gave constant issue to a sanious fluid. She was advised absolute repose; to take three table-spoonsful of the following mixture, every four hours, *R* *Acidi: Sulph: Dil: ʒss, Magnes: Sulph: ʒss, Inf: Gent: Comp: ʒvss, Syrupi ʒss*;—to make use of injections of luke warm water three times a day, and apply the tartarized antimony to the surface, in the manner indicated in case 26 page 172.

Menorrhagia from engorgement by congestion assumes a much more formidable character, where the disease has been allowed to proceed insidiously unnoticed or unsuspected, of which the following, extracted from Duparcque's prize essay, p. 151,* is a good example;—

CASE XXXV.

MENORRHAGIA FROM ENGORGEMENT BY CONGESTION IN AN
ADVANCED DEGREE.

Madame D—, a lady of lymphatic temperament, who had had four children, the last at the age of 32, related that all her accouchements had been difficult, and fol-

* Op. Cit.

lowed by preternatural continuance of the lochia, during many weeks, and that latterly the catamenia had become more abundant, and continued longer than before. At the age of 42, she suffered from pains in the loins and lower part of the back,—sense of weight in the pelvis,—frequent hæmorrhages, which she considered as natural to, and inseparable from, the age at which she had arrived; at the age of 46 the hæmorrhage became constant, with repeated exacerbations;—she appeared to be inclined to *enbonpoint*, but the flaccidity of her muscles, the infiltration of her cheeks and eyelids, indicated, that in place of fat, there was only puffiness or œdema;—her skin was pale,—the edges of her eyelids, the carunculæ lachrymales, her lips, gums, tongue, and all visible portions of mucous membrane, were almost colorless;—her pulse was strong and hard. The blood which constantly escaped from the vulva, left reddish brown spots on the linen, with serous areolæ;—black coagula of variable size, without any remarkable odor, escaped occasionally. PHYSICALLY EXAMINED, a tumour, of the size of the larger end of a goose's egg, flattened on its inferior surface, with its centre deeply umbilicated by an opening which was recognized as the uterine orifice, was found about two inches within the vagina;—the circumference of this tumour, produced by engorgement of the cervix uteri, represented a kind of *bourrelet*, not very prominent, and separated from the uterine extremity of the

vagina by a shallow furrow;—the density and smooth appearance of this circumference indicated that the uterine tissue of the cervix uteri was partly healthy, but in proportion as the finger approached the centre of the tumour it perceived its surface soft, as though resulting from long-existing but superficial granulations, and its tissue gradually becoming softer towards the centre, so as to yield, and even appear to break down under moderate pressure, accompanied by a sensation of crepitation:—these same sensations were also recognized by pressing the whole tumour between the first and second finger. This examination excited a copious discharge of black blood: Examined *by the speculum*, the engorgement appeared of a deep brownish red color, smooth and covered with a layer of coagulated blood; when this layer was removed blood was seen to exude from every portion of the surface of the tumour, which very soon coagulated, and formed a new layer. The central funnel-shaped orifice of the cervix was filled with blood, half liquid and half coagulated, which occasionally escaped, and was renewed in a few instants;—the whole of the lower part of the abdomen was preternaturally sensible to pressure, nevertheless the hypogastric region could readily be explored, and the uterus felt behind the pubis,—the body of the uterus appeared healthy, at least in its fundus.

Many, and indeed formidable cases of Menorrhagia are produced by disease of the ovaries, and the irritation thence communicated ; but of these hereafter.

A colored discharge, which may be mistaken for Menorrhagia, is also occasionally the consequence of pregnancy,—a portion of the ovum, being detached from the uterus, and allowing fluid to escape constantly from its orifice, as in the following :—

CASE XXXVI.

MENORRHAGIA FROM PREGNANCY.

Mrs. Ch—, æt. 26, the wife of a house-decorator, a woman of dark complexion and bilious habit, who sought advice in August last, on account of profuse reddish-colored discharge from the vagina, which had existed five months ;—related that the catamenia appeared for the first time at the age of fifteen, returned subsequently every thirty days, continued a week, and required one change per diem, up to the date of her marriage ; married at the age of twenty-one, had one child three years after, and had generally enjoyed good health till the commencement of the discharge ;—at the time of consulting me, she complained of sense of weight in the lower part of the abdomen on the expulsion

of urine,—constant colored discharge from the vagina occurring occasionally in gushes, and tumour in the hypogastric and lower part of the umbilical region;—believed herself pregnant, but had had no symptom of quickening: she suffered from headache especially on the top of the head, loss of appetite, nausea, flatulency, languor, lassitude, and fatigue on the slightest exertion, her tongue was white, her pulse ninety, her skin warm and moist, her bowels constipated. PHYSICALLY EXAMINED, the cervix uteri was found retracted, attenuated, and its orifice dilated; the body of the uterus was found enlarged, and a hard substance (moveable by *ballotement*), resembling the head of a child, was recognized through its parietes; she was advised to restrict herself to absolute repose, and to take two table-spoonsful of the following mixture thrice daily—*Acidi Sulph: Dil* ʒss, *Mist: Camph: ʒvss*, *Magnes: Sulph: ʒj*, *Tinct: Hyoscy: ʒij*, m: the discharge abated, and returned at intervals only, until her confinement, which took place in November.

By far the worst forms of Menorrhagia, are those which occur as consequences of the advanced stages of cancerous affections,* malignant ulcerations, and the aggravated forms of engorgement.

* *Vide Cases 3, 22, 23, 35.*

12 Cases of Dysmenorrhœa dependant on different affections of the uterus and its appendages, with the appropriate treatment of each.

Although we deny derangement of function to be disease, and contend that it is but its evidence, yet we must admit that peculiarity of function pre-disposes to disease, and favors the developement of some diseases, rather than others. How, indeed, can we imagine it should be otherwise, if we admit that the structure of an organ and the laws which govern it are always adapted to its function, and that its function, is in fact, the result of peculiar organization.

We have remarked that during the whole time of re-productive life of woman, the uterus is naturally the seat of congestion at stated periods, by means of which it accomplishes the function of menstruation:—this fact of a natural periodical congestion, renders the uterus peculiarly liable to preternatural congestion, and its consequences, and of all diseases to which it is exposed, none are so frequent as its engorgement ; that it is, indeed,

which lays the basis of almost all its other diseases, or, which exists in almost all its diseases, either as cause, effect, or complication.

In the strict meaning of the word, the term engorgement implies merely an over-distension of vessels by their natural fluids, or an effusion of those fluids into the proper tissue of an organ, but in the sense I affix to it (which I have borrowed from Duparcque) it implies increased volume of the parietes of the uterus, and is opposed to those augmentations of volume of the uterus, which are produced by expansion of its cavity; and as other substances than blood may be effused or deposited into the parenchyma of the uterus, such for example as the peculiar matter of scirrhus, tubercle, &c., and as the blood itself, which has been effused, may undergo many alterations after its effusion, by some of its portions becoming absorbed; engorgement embraces several varieties:—we have already alluded to engorgement by congestion as being a frequent cause of Amenorrhœa,—we have shown that engorgement with hæmorrhage is often a cause of Menorrhagia, and we shall now proceed to describe

another form of engorgement as being one of the most frequent causes of Dysmenorrhœa ; which is, engorgement with induration, or what is sometimes called hard engorgement, and which we shall define to be preternatural enlargement of the whole uterus, or of a portion merely, with deposition of some other substance than blood into its parenchyma ;—the physical symptoms by which it is characterised are enlargement, increased density, and sensibility, and preternatural pale color ; if it attack the whole of the cervix uteri, its cavity is more or less obliterated, its orifice on the contrary is preternaturally distended, and is dry or gives issue to mucous or gelatinous discharge ; as in the following case :—

CASE XXXVII.

DYSMENORRHŒA FROM ENGORGEMENT, WITH INDURATION
OF THE WHOLE UTERUS.

Mrs. S—, æt. 47, the lady of a merchant, residing in Pentonville (whom I saw with Mr. Fenner, of King's-row), of delicately fair complexion, and nervous temperament, who sought advice in consequence of experiencing excruciating agony at the catamenial epochs, and the effusion

being accompanied by small whitish clots ;—related that the catamenia first appeared at the age of fourteen, and immediately became periodical, returning at intervals of five weeks, and continuing two days at each period :—attributed illness to a difficult labour which occurred 14 years before the date of my seeing her : on April 5th, 1838, she complained of pain and gnawing sensation in the right groin, slight tumour, said to be inguinal hernia, numbness of the right leg, and difficult micturition ; these symptoms were considerably aggravated two days previous to each catamenial period ;— she suffered from headache, giddiness, nausea, flatulency, loss of appetite, and frequent shiverings—her pulse was regular,—her tongue brownish,—her bowels constipated, and she was frequently the subject of hæmorrhoids. PHYSICALLY EXAMINED, no tumour could be recognized in either inguinal region,—the sensation appeared to result from the traction exerted on the round ligament by the enlarged uterus ; the whole of the uterus was found enlarged, indurated, slightly sensitive to pressure and prolapsed ;—the cervix uteri was retracted,—its orifice dilated, and gave issue to slight gelatinous discharge. She was advised to make use of the lavement every morning—the *douche* three times daily—to apply *Ung: Ant: Tart:* in the manner already indicated ; to take the two following pills every

night at bed-time, R. *Pil: Rhæi: Co: Ext: Hyoscy aa gr. iv*, and three table-spoonsful of *Dec: Sarzæ: Co:* three times daily.

CASE XXXVIII.

DYSMENORRHŒA FROM CHRONIC INFLAMMATION, WITH INDURATION OF THE CERVIX UTERI,

Mrs. B—, æt. 41, a lady of dark complexion, who was also a patient of Mr. Fenner, and sought advice in June last, on account of suffering severe pains in the lower part of the back, and fore part of the head, at each catamenial epoch;—related that the catamenia first appeared at the age of twelve—returned subsequently every three weeks, continued seven or ten days, and required frequent changes during each day;—married at nineteen, had had eleven children and two miscarriages;—the first miscarriage was produced by grief for the death of her firstborn—the second was caused by a fall;—had constantly suffered since the birth of a child five years previous to the date of our seeing her, (when she was three days in labour) from extreme languor and lassitude, and occasionally had had falling-down of the womb. On the 5th of June she complained of pain in the right groin,—frequent desire to void urine,—hæmorrhoids,—pain in the inner side of the right leg, extending downwards to the

knee,—slight leucorrhœa, after each alvine evacuation,—pains in the back and loins, increased by the erect position, numbness and swelling of the right leg,—sense of weight in the lower part of the abdomen,—flatulency,—loss of appetite,—rumbling in the stomach and bowels,—headache, especially in the temples;—her tongue was clean;—her bowels regular, her pulse 82, strong and full. PHYSICALLY EXAMINED, the os uteri was found dilated,—its cervix enlarged and indurated and preternaturally sensitive; the body of the uterus of its natural dimensions;—the membrane covering the cervix uteri, and lining its cavity, was preternaturally reddened, and a slight abrasion existed within its cavity. She was advised to lose four ounces of blood three days before each catamenial epoch, and three days after the cessation of the effusion;—to apply the Tartar Emetic Ointment in the manner indicated, and take two of the following pills twice daily R. *Pulv: Ipecac: Co: Pulv: Rhæi: aa ʒss ft, Pil: x v*;—by persevering in this treatment, with very little variation, in four months all the symptoms had disappeared, except a little enlargement of the cervix, for which she was recommended to take *Tinct: Iodinæ Co: gtt: viij ter: in: die.*

CASE XXXIX.

DYSMENORRHŒA FROM ENGORGEMENT OF THE CERVIX,
UTERI, WITH ULCERATION OF ITS ORIFICE,

Mrs. F—, æt 35, a woman of fair complexion, sanguine temperament, and plethoric habit, who came under treatment in November, 1836, in consequence of having suffered from severe pains at the catamenial epochs, for the three or four years previously ;—related that she had had two children and two miscarriages,—complained of pains in the lower part of the back, shooting through the pelvis, —sense of weight in the abdomen, and dragging sensation in the thighs ;—the catamenia appeared every twenty-four days, accompanied by considerable increase of the pains, and in their absence a whitish discharge constantly escaped from the vulva ;—her countenance was flushed,—her eyes shining,—her pulse 90,—her skin hot and dry,—her bowels regular,—her tongue white but moist. PHYSICALLY EXAMINED, the external organs were found healthy ;—*by the taxis*, the cervix uteri, and especially the *os tincæ* was found considerably enlarged, soft in its structure, and painful on pressure,—*by the speculum*, a superficial ulceration, of the size of half-a-crown, surrounded by an erythematous redness, was found occupying

the anterior lip, and extending into the cavity of the cervix ; the posterior lip had a bluish tint, and appeared infiltrated with a sanguinolent fluid ;—she was immediately bled, *ad syncope*—several free incisions were made into the posterior lip, by means of a straight bistoury, which gave issue to a quantity of sanious fluid ; Nitrate of Silver was applied to the ulcerated surface ; she was advised to keep up gentle action on the bowels, by means of the Carbonate and Sulphate of Magnesia, and to use warm mucilaginous injections three or four times daily ; the incisions and cauterizations were repeated at intervals of ten or twelve days, the other means were continued, and in three months all the symptoms had disappeared.

CASE XL.

DYSMENORRHŒA FROM SCIRRHOUS ENGORGEMENT OF THE

CERVIX UTERI,

H. C—, a married woman, æt. 36, who sought advice in October, 1836, in consequence of suffering from constant severe pains in the uterine region, which were especially increased at the catamenial epochs, and who was seen by me and Mr. W. J. E. Wilson, of Charlotte Street, Fitzroy Square ;—related that she had had four children, and had been afflicted with discharge, sometimes sanguinolent, at other times of a whitish color, since the period of her

last accouchement, four years previously, when she was delivered with instruments ;—complained of great difficulty and pain on voiding urine, with frequent desire (the urine was occasionally bloody),—sense of weight in the lower part of the abdomen,—lancinating pains extending from the vagina to the loins, increased, by motion of any kind ; her tongue was white,—her bowels regular,—her pulse 80,—her skin moist,—she exhibited great debility and general emaciation. PHYSICALLY EXAMINED, *by the taxis*, the whole of the cervix, and more especially the posterior lip of the os tinæ was found enlarged, indurated, and painful when pressed, and crepitated under pressure ;—*by the speculum*, the membrane of the vagina was found healthy, the membrane covering the posterior lip of the os tinæ had a greyish tint, which was gradually lost in a surrounding erythematous blush. The urethra was painful when pressed, but no discharge escaped from the meatus urinarius. Eight leeches were applied to the cervix uteri ;—she was advised to make use of warm poppy fomentations *per vaginam*, frequently in the course of the day, and to take small doses of Camphor and Henbane ; these medicines produced momentary freedom from pain, but the other symptoms continued ; she was then advised to submit to an operation for the removal of the diseased portion, but declined.

Dysmenorrhœa may arise from a variety of other causes to which the limits of this work will not allow us to allude ; sufficient, it is presumed, has been said on this subject, to convince every unprejudiced mind, that no *scientific* treatment can be adopted for its relief till the cause by which it is produced, shall have been determined ;— we can, however, readily explain the action of those medicines which have been so loudly vaunted for its relief, such as Camphor, Opium, Henbane, &c, by remembering their action in diminishing the sensibility of the brain, and rendering it less alive to the sufferings of distant organs.

13. Cases of Leucorrhœa dependant on different causes, showing the absurdity of adopting any mode of treatment, till after the employment of proper examination.

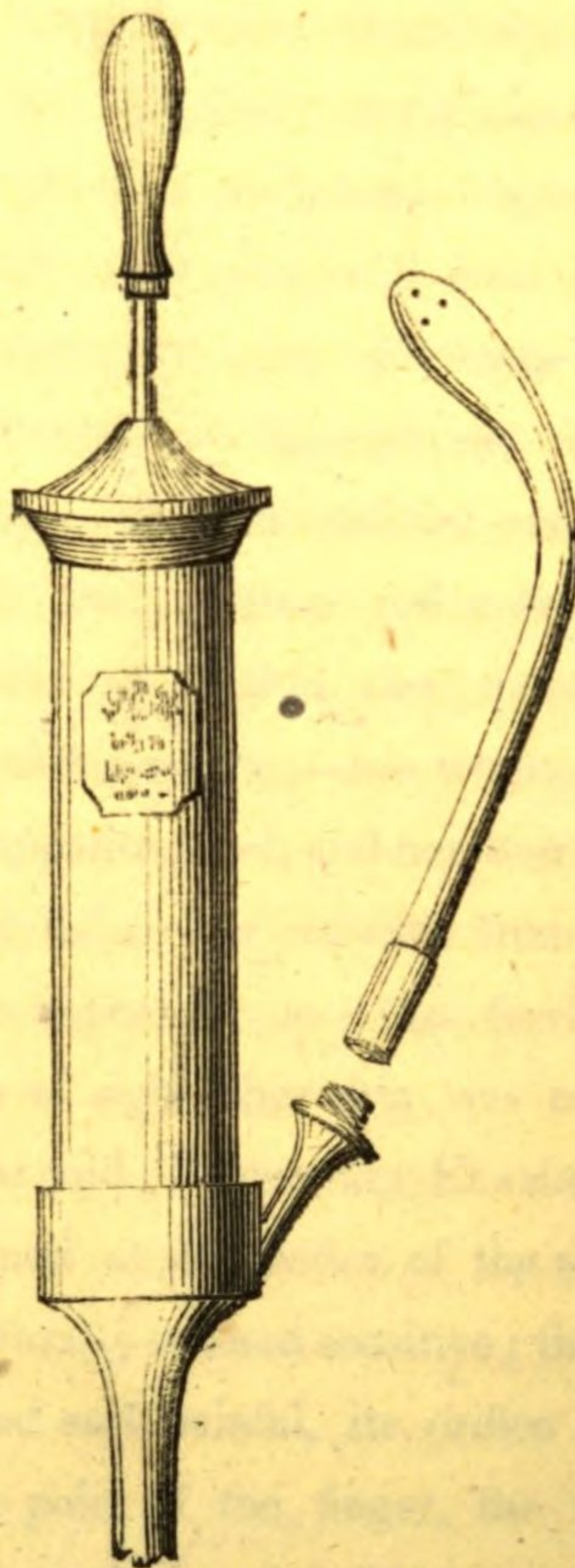
CASE XLI.

LEUCORRHŒA FROM SYPHYLITIC ULCERATION OF THE CERVIX UTERI.

Belinda E—, æt. 33, a woman of dark complexion and bilious temperament, who sought advice in consequence

of having been the subject of excessive discharge from the vagina for three months, which she believed she contracted from her husband; complained of pain in the lower part of the back and loins—frequent and painful micturition—sense of weight, and heat in the lower part of the abdomen—constant discharge of a cream colour, from the vagina:—although she was nursing a child, of which she had been confined six months previously, she had had profuse red colored discharge twice, at equal intervals, within the month preceding the date of her seeking advice;—her tongue was whitish, and furred—her appetite good, and her bowels regular—her pulse 70, and full;—she suffered from shortness of breath—headache, especially over the forehead—giddiness, and dimness of sight—her skin was cool, and her inferior extremities cold. PHYSICALLY EXAMINED, two small tubercles were found at the orifice of the vagina, which also was preternaturally red and sensitive; the cervix uteri was found enlarged and painful, its orifice widely open so as to admit the point of the finger, the whole of its surface ulcerated, and its orifice filled up with a viscid gelatinous fluid;—her husband was found to have urethritis. August 29th, Nitrate of Silver, was freely applied to the ulcerated surface—she was advised to make use of poppy fomentations (by means of the

FIGURE 9.



DOUBLE-ACTION FEMALE SYRINGE.—JONES

syringe (whose figure is annexed), three times daily, and to take *Magnes: Sulph: ʒij. Magnes: Cale: gr. x.* twice daily,—the caustic application was repeated every four or five days, the auxiliary means were continued, and on the 3rd of October she was discharged cured.

I avail myself of the present opportunity of recommending to general use the instrument alluded to, in respect of which I can claim no other merit than that of having made a slight alteration in the manner in which the flexible tube is attached.

CASE XLII.

LEUCORRHOEA FROM SYPHILITIC INFLAMMATION OF THE MUCOUS MEMBRANE LINING THE VAGINA AND COVERING THE CERVIX UTERI.

Mrs. W—, æt. 29, a married woman separated from her husband, from whom she believed she contracted disease, and living as cook in a gentleman's family in the city, who became a private patient in the month of November 1836, in consequence of excessive discharge from the vagina,—complained of itching pain in the vagina, considerable discharge of a yellowish color, difficulty and pain in voiding urine, and slight febrile

symptoms. PHYSICALLY EXAMINED, *the taxis* perceived no indication of disease, excepting a slight degree of pain on pressure;—*by the speculum*, the whole of the vagina was found preternaturally red, and the os and cervix uteri, were found studded with small granular elevations (somewhat resembling the papillæ of the tongue when inflamed), covered with a thick cream-colored discharge. On introducing the finger within the vagina, and pressing the urethra forwards against the pubis, a similiar discharge escaped from the meatus urinarius, on each side of which was a small superficial ulcer, covered with a thin layer of yellow discharge,—Nitrate of Silver was applied to the ulceration, she was advised to take alkaline purgatives three or four times daily—to abstain from stimulants, and to make use of a solution of *Subcarbonate of Soda** (*Sodæ Carbonas: P. L. N.* half a drachm to half a pint of warm water) as an injection four times

* I was first led to employ this remedy by the suggestion of my friend and colleague Dr. R. D. Thomson, who, having ascertained by repeated experiments, that inflammation of mucous membranes always engenders a free acid on their surface, which acts there as an irritant, increasing inflammation, makes use of the alkali to neutralize it. Certainly, in all cases I have examined where the vagina has exhibited the appearances described in this individual, litmus paper applied, has demonstrated the presence of a free acid, and almost immediate relief has been obtained by the use of the alkali.

in the day, Ten days afterwards the discharge from the urethra no longer existed, that from the vagina continued, but was much thinner and less yellow,—the membrane of the vagina was much less red, and the ulceration near the meatus urinarius had healed,—the same treatment was continued for a month with but little improvement ;—at the expiration of that time, a small ulcer appeared on the left tonsil, with erysipelatous redness of the fauces, and a scaly eruption on different parts of the body. A blister was applied to the throat, she was ordered to take the third of a grain of Iodide of Mercury, with the sixth of a grain of powdered Opium, and five grains of Compound Cinnamon Powder three times daily, and to make use of an injection of Nitrate of Silver, Oil of Almonds and Mucilage in the proportion of a grain of the former with one drachm of each of the others, to an ounce of Distilled Water, night and morning—under which treatment she speedily recovered.

CASE XLIII.

LEUCORRHOEA FROM ENGORGEMENT OF THE WHOLE UTERUS,
WITH INFLAMMATION OF ITS MUCOUS MEMBRANE,

Mrs. H—, æt. 24, a woman of dark complexion and mixed temperament, who sought advice in November, 1837, in consequence of excessive discharge from the

vagina, for which she had been under the treatment of different practitioners since 1830 ;—related that the catamenia first appeared at the age of 13, during a journey to Tours, continued for a week, and disappeared for six months ; subsequently the effusion became periodical, returning every thirty days, continuing a week, and requiring several changes per diem ;—married at 16, and contracted disease from her husband at the consummation of her marriage :—had had one miscarriage ;—the catamenia occurred at proper periods, but with considerable degree of pain ; at the time of my seeing her, she complained of pains in the loins and lower part of the back, shooting through each hip,—painful sense of weight in the groin,—frequent micturition,—itching of the vulva,—painful defœcation, and constant discharge, either whitish greenish, or yellowish, or occasionally tinged with blood,—colicky pains in the lower part of the abdomen, and frequent discharge of blood from the rectum ;—she suffered from flatulency, loss of appetite, palpitations of the heart, and frequent retchings ;—her tongue was furred,—her pulse regular,—and her skin warm and moist. PHYSICALLY EXAMINED, the cervix uteri was found considerably enlarged, tense but soft and painful :—the body of the uterus was slightly enlarged,—the os uteri was dilated, preternaturally red and abraded, and the whole

uterus partially prolapsed. She was admitted into the Westminster Hospital, January 3rd, 1838, under the care of Mr. Guthrie, but left three weeks afterwards, in consequence of family affairs;—a fortnight afterwards she consulted a Hospital Surgeon, residing not a hundred miles from Whitehall, who told her that the examination she had been induced to submit to, was altogether uncalled for, and highly reprehensible, and ordered her to take *Pil: Hyd: Subm: Co: gr: iv. o: n: h: s:* and *Dec: Sarsæ: Co: ʒiss ter in die*;—she continued this treatment for six weeks when she again sought me, and requested a second examination—on the 14th of March, the cervix uteri was larger, more painful, and the abrasion had extended; she was ordered to lose ʒvj of blood from the arm, to have a warm bath temp: 102° F, at bed-time, three times in the week, and apply *Ung: Hyd: Fort: ʒss* to the cervix uteri, night and morning;—on the 14th of May the uterus was found smaller, much softer, and less painful to the touch,—the os uteri was slightly open, and its cavity filled with gelatinous fluid;—on the 28th of May the cervix was nearly natural, there was no pain on pressure, the mucous membrane was much diminished in redness, and the abrasion had healed:—on the 31st July all the symptoms had yielded, and her health was perfectly established.

CASE XLIV.

LEUCORRHŒA FROM UNSUSPECTED SYPHILITIC ULCERATION
OF THE CERVIX UTERI ACCOMPANIED BY ULCERATION
OF THE TONSIL.

Sarah H—, æt. 18, a woman of fair complexion and lymphatic temperament, who sought advice in consequence of having been the subject of ulcerated sore-throat for three months previously,—on examination the tonsils were found enlarged, indurated, and the right tonsil and side of the uvula were ulcerated; the ulcer was of a yellowish-grey colour, and had thick elevated edges, which induced a suspicion of its being syphilitic;—on enquiring into the state of the genital function, it was discovered that the patient had been exposed to the influence of syphilis, in the person with whom she cohabited;—she related that six months before consulting me she discovered a tumour in the left groin, and was attacked with profuse discharge from the vagina, which had continued without intermission, excepting during the catamenial effusion, but unaccompanied by any of those symptoms which usually indicate disease of the uterus;—her tongue was whitish, her appetite impaired, but digestion good, her bowels regular, and the functions generally properly performed. PHYSI-

CALLY EXAMINED, *the taxis* perceived no indication of disease;—*by the speculum*, the vagina was found natural in color, but abundantly bathed with a profuse viscid gelatinous fluid, the cervix uteri was preternaturally red, the lips of the os tincæ pouting and highly vascular, and the membrane lining them ulcerated, the orifice itself giving issue to a purulent and gelatinous fluid;—nitrate of silver was applied within the cervix uteri;—she was ordered to make use of a capsicum gargle, to apply a blister to the throat, to inject poppy fomentations three times daily, and take half a pint of *Dec: Sarsæ: Co:* twice daily,—she was under this treatment six weeks, at the expiration of which time, all the symptoms had disappeared.

CASE XLV.

ACUTE INFLAMMATION OF THE VAGINA AND CERVIX UTERI
ACCOMPANIED BY LEUCORRHŒA.

Mrs. J—, æt. 20, a woman of fair complexion and lymphatic temperament, whom I saw with Mr. Fenner, of King's-row, Pentonville, and who had sought advice in consequence of experiencing excessive pain *in coitu*;—related that she had catamenia for the first time at the age of sixteen, that the effusion immediately became periodical, and had always returned at regular intervals

of twenty-eight days ;—that she had been married one month only, and had the catamenial effusion the morning of her marriage, but that its consummation was completed notwithstanding ;—ever since that period she had experienced severe pains in the lower part of the back, sense of heat, itching, tingling, and throbbing in the external organs, frequent desire to void urine, and constant slight discharge,—her tongue was clean, her bowels regular, her appetite and general health good. PHYSICALLY EXAMINED *by the taxis*, the cervix uteri was found enlarged, tense, and painful on pressure, and the whole of the vagina preternaturally sensitive ;—*by the speculum*, the membrane lining the vagina and cervix uteri, was found preternaturally red, especially on the cervix uteri, and labia interna :—she was advised to lose eight ounces of blood from the arm, to apply six leeches to the vulva, and take three table-spoonsful of saline aperient medicine, and to make use of poppy fomentations three times a day, and the hip-baths night and morning.

CASE XLVI.

LEUCORRHŒA FROM PAPULAR INFLAMMATION WITH ULCERATION OF THE CERVIX UTERI.

Mrs. M—, æt. 26, a woman in the seventh month of pregnancy, who came under the care of my colleague

Dr. Robert Dundas Thomson, of Gower-street, in consequence of having long been the subject of a copious vaginal discharge of a whitish color, becoming clotted or lumpy occasionally;—related that the discharge had existed for upwards of three years, and that slight relief had occasionally been obtained by the employment of astringent injections, under the directions of different practitioners to whom she had applied;—she had never been made the subject of physical examination;—she complained of pains in the loins and in the lower part of the back and abdomen; sense of weight in the same situation, and frequent micturition—her general health was good. PHYSICALLY EXAMINED, *by palpation*, the lower part of the abdomen was found tumid and tense, and the fundus of the enlarged uterus could readily be recognized in the umbilical region;—*by the taxis*, the cervix uteri was found enlarged and retracted; its orifice dilated, and preternaturally sensitive,—*per ballottement*, a solid body could be recognized floating in a fluid;—the mammæ were enlarged, and the mammary veins very distinct;—*by the speculum*, the whole of the surface of the enlarged cervix, was found studded with red points, the intermediate spaces being superficially ulcerated;—litmus paper applied to the diseased surface, was immediately reddened, but no effect was produced upon it by

the secretion covering the membrane of the vagina. In the course of three weeks, by the local application of Nitrate of Silver, injections of Carbonate of Soda, with anodynes, and the administration of tonics, the inflamed and ulcerated surface healed, and the discharge entirely disappeared, which had never been the case since its first commencement.

This case (which is a good illustration of the advantage resulting from the use of the speculum) had been under the care of an eminent physician, who, finding no relief to be produced by empirical treatment, and from motives of false delicacy, declining the employment of physical examination, referred it to Dr. Thomson.

CASE XLVII.

LEUCORRHŒA AND AMENORRHŒA FROM CHRONIC INFLAMMATION OF THE URETHRA WITH RECTO-VAGINAL FISTULA.

Eliza S—, æt, 28, a woman of fair complexion and lymphatic temperament, who sought advice in the month of January, 1839, in consequence of excessive discharge from the vagina, which had existed thirteen months, which she attributed to injury she experienced in her confinement two years previously, when she was in labour two days and a night;—related that the catamenia first

appeared at the age of sixteen, became immediately periodically established, returning at intervals of twenty-eight days, continuing seven days, and requiring several changes per diem;—married at the age of nineteen, she had a miscarriage in her twenty-third year, and a child in her twenty-fourth, since which she had constantly suffered from symptoms which existed at the time of her seeking relief, viz., pains in the lower part of the back and abdomen—sense of weight in the same situation, frequent, painful, and involuntary micturition, painful defecation and tenesmus, constant discharge from the vagina exceedingly offensive, absence of the catamenia, the effusion not having appeared for twelve months—her tongue was whitish, her appetite impaired, her bowels irregular, and generally relaxed; she constantly suffered from flatulency, especially after taking food,—her pulse was 70, small and feeble, her skin warm and moist, she experienced headache occasionally, and palpitation of the heart on the slightest exertion, her countenance was sallow, her eyes dull and heavy, and expressive of anxiety, her whole appearance exhibited langour, lassitude, and general debility. PHYSICALLY EXAMINED, the meatus urinarius was found inflamed and ulcerated, the membrane lining it everted, the cervix uteri enlarged, and its anterior lip slightly abraded, the whole uterus partially prolapsed,—

a communication existed between the rectum and vagina, about half an inch within the labia interna, and the lower part of the vagina was covered with *mucō-fæcal* matter;—she was admitted into the Westminster Hospital February 10th, under the care of Mr. White, where she still remains.

CASE XLVIII.

CHRONIC INFLAMMATION WITH ABRASION OF THE CERVIX UTERI, AND LEUCORRHŒA.

Mrs. G—, æt. 20. a lady of fair complexion and lymphatic temperament, who sought advice on account of suspected disease of the womb;—related that the catamenia appeared for the first time at the age of fourteen, they became immediately periodically established, returning every thirty days, continuing three days, and requiring three changes per diem;—they were suspended for six months at the age of sixteen,—she married at the age of nineteen,—became pregnant, and gave birth too a full grown child ten months after marriage, after a tedious and painful labour;—two months after her confinement, she was attacked with severe pain in the vagina, for which she was advised to employ poppy fomentations;—went to Margate, where she used the injection cold, at the catamenial

epoch, and was suddenly seized with severe pains in the lower part of the stomach, and febrile symptoms, for which she was bled, and leeches, &c.;—complained of pains in the right groin, and in the lower part of the back—frequent desire to void urine—pains in the inside of the right thigh—constant white discharge—sense of weight in the lower part of the abdomen, especially increased at the catamenial periods (the last catamenial effusion was very slight);—her tongue was whitish, her bowels regular, her pulse 100, her skin warm and moist—she experienced flatulency and hysterical motion of the bowels—constriction of the throat, —her countenance was sallow,—her eyes dull and heavy, and she exhibited great apathy to exertion, and languor and lassitude. **PHYSICALLY EXAMINED**, the cervix uteri was found enlarged, tense, and painful on pressure, and the whole uterus partially prolapsed;—the membrane lining the vagina and cervix uteri, was preternaturally red, and the portion of it covering the cervix and extending into its cavity abraded;—she was advised to have eight leeches applied to the cervix uteri, to make use of the poppy douche three times daily, and an entire bath every night at bed-time, to apply the Tartar Emetic Ointment, to the lower part of the abdomen, to abstain from stimulants and take an alterative pill every other night at bed-time, and a Seidlitz Powder every morning.

Leucorrhœa exists to a certain degree in almost all diseases of the uterine apparatus or its appendages, and consequently no general rule can be laid down for its treatment.—*Vide* Cases 1, 2, 6, 7, 11, 12, 13, &c.

PROMISCUOUS CASES.

CASE XLIX.

INCONTINENCE OF URINE FROM INFLAMMATION OF THE URETHRA.

Mrs. M—, æt. 29, a woman of fair complexion and lymphatic temperament, who sought advice at the Infirmary for Women, &c., in the month of January of the present year, in consequence of having suffered from involuntary discharge of urine for two years, accompanied by slight leucorrhœa, and who was seen by me with my colleague Dr. R. D. Thomson, of Gower street;—related that the catamenia appeared for the first time at the age of thirteen, that the effusion became immediately periodical, returning every thirty days, continuing about four days, and requiring several changes per diem;—married at the age of twenty-one, but had never been pregnant; had an abscess in the left labium internum six years previous to the date of her seeking advice; at the period of seeking

advice, complained of pains in the back, without any other symptoms referable to the uterine apparatus:—her tongue was clean, her bowels regular, her skin warm and moist, in short, her general health was good. PHYSICALLY EXAMINED, the whole uterus was found natural in form, volume, density, locality, and color,—slight ulceration existed on the left labium internum, the whole urethra examined from within the vagina, was found preternaturally hard and sensitive, a vegetation resembling a cock's comb grew from the inferior edge of the meatus urinarius, the membrane lining the urethra was preternaturally red,—she was advised to have the morbid growth removed; to have Argenti Nitras applied to the whole extent of the urethra, and the ulcerated surface of the labium; to separate from her husband, and to take a saline purgative every morning.

CASE L.

AMENORRHŒA FROM GENERAL DEBILITY.

Kitty M—, æt. 31, a woman of fair complexion and lymphatic temperament, who became a patient of Mr. Fenner, in consequence of absence of the catamenia, and who was seen by me in consultation with him in the present year;—related that the catamenia first appeared at the age of seventeen, but had always been irregular, both in their return and duration, sometimes returning at

intervals of a fortnight, at others of two or three months, sometimes continuing only half a day, at other times a week or ten days ;—the effusion was suppressed at the age of twenty-five, and for a long period its place was supplied by frequent hæmorrhages from the nose, and bloody alvine evacuations ; at the same time she suffered from constant head-ache, heaviness, giddiness, and disinclination to exertion, and became the subject of a papular eruption on the back of the hands, and fore-arms,—to relieve these symptoms she was advised to have an issue made in the arm, which for the last four years, had always discharged a copious purulent fluid, excepting at intervals of three or four weeks, when the fluid usually became sanious ;—the catamenia appeared twice only in the year 1837, and four times in 1838, the last being Dec. 29, since which it had not recurred ;—she complained of pains in the back and loins, and lower part of the abdomen, and occasional whitish discharge from the vagina, without any other symptom referable to the uterine system, excepting slight itching of the external organs ;—her tongue was furred, her bowels regular, her skin warm and moist, her pulse natural, her whole system was considerably emaciated and debilitated. **PHYSICALLY EXAMINED** *by palpation, and the taxis per vaginam, conjointly employed*, the uterus was fixed between the two hands, and found perfectly natural in form, volume,

density, and sensibility, and *by the speculum*, the membrane lining the vagina and cervix uteri, was found natural in color,—she was advised to heal the issue immediately,—to apply cupping glasses to the inside of the thighs, for half an hour every night at bed-time, to take *Pil: Aloes c Myrrha gr: viij:* night and morning, and a wine-glassfull of *Dec: Sarsæ: Co:* twice daily ;—since I saw her I have been informed by Mr. Fenner, that she had suffered from severe pains in the right iliac region, accompanied by an incessant twitching motion of the right thigh and leg, and that he had recognized a painful spot on the right side of the cervix uteri, to which he had applied half a dozen leeches : in six hours after their application, the twitching motion disappeared, but came on again the fourth day afterwards ; six leeches re-applied to the same spot, produced the same cessation, but for a longer period ; a month after the healing of the issue, the catamenia appeared and in sufficient quantity.

CASE LI.

SIMULATED RETENTION OF URINE.

Mary Conolly, æt. 16, a woman of fair complexion and lymphatic temperament, who was admitted into the Westminster Hospital, under the care of Mr. Guthrie, Dec. 1, 1838, in consequence of having received a severe contu-

sion on the external organs by a fall on a fender on the same day ; it was related of her that the whole external organs were very much swollen, and that considerable effusion existed beneath the cuticle at the period of her admission : twenty-five leeches were applied to the vulva, and several free incisions were made two hours afterwards, which gave issue to a quantity of sanious fluid : the same evening she experienced considerable degree of tension in the lower part of the abdomen, which appeared to result from preternatural distension of the bladder ; the abdomen was also painful on pressure ; about three pints of urine were drawn off by the catheter : the two following days the water passed involuntarily, and from that period to the present she had lost all power of voiding it, and had been obliged to have it withdrawn night and morning by means of a catheter ; the injury of the external organs yielded to evaporating lotions, and at the date of my seeing her, February 16th, she experienced no pain externally, but complained of pain in the lower part of the abdomen, and painful defœcation : she said she voided no urine with her stools—related that the catamenia appeared for the first time thirteen weeks previously, and had re-appeared twice since that period—her tongue was clean, her bowels regular, her pulse 84 ;—PHYSICALLY EXAMINED, the uterus was found healthy, the membrane lining the va-

gina was somewhat red, and a slight discharge existed on the membrane. As the existing physical symptoms did not seem to correspond with the description of her case, she was advised to drink plentifully of warm fluids, and the nurse was requested to examine her evacuations, when it was proved that the urine passed naturally ; — she left the Hospital the following Tuesday.

CASE LII.

DILATATION OF THE URETHRA AND ABRASION OF THE CERVIX UTERI RESULTING FROM DEPRAVED HABITS.

This case, which was reported in the *Lancet* of June 30, 1838, p. 480, is that of Mrs. H—, æt. 38, a woman of dark complexion and bilious habit, a patient of the Blenheim Street Infirmary for women, &c., under the management of the late Dr. King, who was seen by myself and Mr. Fenner, in August of the same year in consequence of having been the subject of excessive discharge from the vagina ;—she related that she had suffered from pain and difficulty in voiding urine, and had had a stone extracted from the bladder about two months previously ;—on enquiry it was found that the stone was a piece of common flint, and had evidently been introduced from without ;—she complained of sense of weight in the lower part of the abdomen, and occasional

itching in the vulva ;—her tongue was whitish, her bowels regular, her countenance was sallow and expressive of anxiety, her eyes were dull and heavy :—she exhibited a high degree of nervous excitement, trembling and startling at the slightest interruption ; her hair had fallen from the top of the head, several ecthymatous pustules existed on the scalp, and similar eruptions covered and disfigured the left breast ; her *tout ensemble* was that of most abject misery. PHYSICALLY EXAMINED, the cervix uteri was found preternaturally red, and abraded, as though it had been scratched,—the membrane lining the vagina was preternaturally reddened,—the orifice of the urethra was dilated almost sufficiently to admit the point of the finger ;—on introducing the catheter within the urethra, she was thrown into convulsive motions, somewhat resembling those of the venereal orgasm ;—the clitoris exhibited its natural dimensions, and was neither tense nor painful on pressure.

ERRATA.

Page 14, line 18, for derangement read derangements. 22, line 5 and throughout, for catameniae, lochia, read catamenia, lochia. 24, line 7, for ees and ye read een and yer. 29, line 12, for may read many. 31, in note, for case --- read case xi. 38, line 5, for balottement read ballottement ; line 15, for amnic read amni. 53, line 5, for Ægina read Ægina. 57, line 16 and following, for Weiss's read a. 67, line 11, for nymphæ read nymphæ. 72, line 9, for lacunæ read lacunæ. 82, line 4, for rue read rhue ; line 9, for aggravate read aggravated ; line 16, omit is, &c. 88, in note, for Leuchorrhœa read leucorrhœa. 99, line 10, for bee read been. 109, line 10, for an read and. 128, line 18, for discharges read discharge. 150, line 6, for with read by. 161, line 12, for development read developement. 162, line 11, for nocte read nocte. 163, line 6, for Case 24, read Case 25. 173, line 4, for unciam unam cum semisse read uncias quinque cum semisse. 183, line 15, for hypogastic read hypogastric. 184, line 14, for Pil. j. read Pil. ij. 215, line 18, for preternaterally read preternaturally.

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UNDER THE ESPECIAL PATRONAGE OF
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FREE DISPENSARY

FOR ALL DISEASES, AND

INFIRMARY

FOR

DISEASES OF WOMEN

AND

DISEASES OF THE SKIN,

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FREE DISPENSARY

AND

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FOR

DISEASES OF WOMEN,

AND

DISEASES OF THE SKIN.

THIS Institution, under the name of the Free Dispensary originated in the philanthropy of a few individuals, who commenced a subscription in May 1834, for the purpose of founding an establishment where immediate and efficient relief could be procured by all applicants, without distinction, and without the delay sometimes consequent upon the necessity of obtaining letters of admission.

During the period of health and employment, the labouring classes of the population of London are ensured, by careful industry, an adequate supply to all their wants and a moderate share of humble indulgence; but in sickness, unless the hand of charity be held forth to their assistance, they fall, at once, the victims of want and destitution. Their little savings are soon exhausted in obtaining food for their families, and are generally very inadequate to obtain medical relief. Even the most provident of them have seldom laid by a sufficient fund to meet illness; for, to foretell the consequences, duration and exigences of disease, demands more foresight and information than they commonly possess. In the moment of suffering, they are, therefore, compelled, often at the hazard of their lives, to go forth in the hope of obtaining admission into an hospital; but the hospital may be full, or they may not be able to procure tickets of admission, or it may not be the admission day; and in any of these cases, they must return home unrelieved.

To provide for patients in such a position was the chief and early intention of dispensaries. But even there relief cannot be obtained without a governor's letter; and a governor may not be at hand; it may be night; and by morning, the proper moment for relief may be past, and their lives may be lost for want of timely assistance.

The *Free Dispensary* was founded, in order that there might never be any delay in affording relief to cases of real disease. Sickness and poverty constitute the only introduction that is required—the only letter to ensure participation in its benefits. It has extended its beneficial influence over a wide circle, including many large parishes, and has not been deficient in contributing its share of succour to the sick poor. *Eight thousand and fourteen* patients have been relieved since its foundation and the number of applicants daily increases.

On referring to the books of the Charity, it is observable that a very great majority of the affections treated is formed by those hideous and disgusting maladies which disfigure the appearance, those afflicting diseases to which women alone are liable, and the diseases dependent on the process of teething. The cause of this preponderating majority of particular affections is traceable to the total absence of any Hospital or Infirmary in this Metropolis, especially destined to their reception.

Desirous of supplying the absent link in the chain of Charitable Institutions which do honour to the capital, while they adhere to their original intention of affording the means of relief in every form of disease in either sex, the Committee of Management of the FREE DISPENSARY, have added to the title of their Institution, INFIRMARY FOR DISEASES OF WOMEN, AND DISEASES OF THE SKIN,

and propose to establish a Ward or Hospital, wherein those affections may meet with that care and attention they imperatively demand, and have also added to their staff a Dental Surgeon in order that the sufferings of the junior portion of their applicants may not be neglected.

As the accomplishment of their proposed object will demand the outlay of a considerable sum of money, the Committee have resolved on appealing to public sympathy for assistance, and with this view, feel confidence in laying before the governors of the Free Dispensary and the Public generally, the object and design of their Institution, and the reasons which have induced them to undertake its management, fully convinced that, among such warm supporters of useful charitable establishments, the voice of universal benevolence will not be disregarded.

Resting their claims to public patronage on the universality of their Institution, (to whose benefits affliction and poverty constitute the only necessary recommendation) the good they have already effected even with very limited means, the consequent rigid economy with which their Establishment has hitherto been conducted, and the benevolence of their present intention in proposing an extension of its sphere of utility, the Committee humbly yet confidently appeal to the generosity of their countrymen for assistance in the promotion of their charitable design.

During a period of four years and a half since the foundation of this Institution, 8014 individuals have partaken of its benefits. The whole amount of expenses incurred has been £476-3-0½.

C. HOCKIN,
H. BAILLIERE, } Auditors.
C. ELISHA.

E. JENNINGS,
Hon. Sec.

5, Chancery Lane, Nov. 1, 1838.

Subscriptions and Donations will be thankfully received by the Treasurer, Sir Walter Farquhar, Bart.; Messrs. Herries, Farquhar and Co. Saint James's Street; the Hon. Secretary, E. Jennings, Esq. 5, Chancery Lane; the Members of Committee; the Medical Officers; and by the Collector, Mr. Parker, at the Infirmary, who will attend every day at 12 o'clock.

RULES AND REGULATIONS.

I. THE Charity consists of Patronesses, President, Vice Presidents, Governors, Treasurer, Hon. Secretary, Committee of Management, and Auditors.

II. Every person subscribing one guinea per annum shall become a Governor and entitled to vote at all elections of officers. All annual subscriptions become due on the nearest quarter day.

III. All persons subscribing ten guineas or making up that contribution within the year are Governors for life.

IV. Every person making a collection of two guineas annually to become a Governor, or twenty guineas in one year a Life Governor.

V. A medical officer shall be in attendance daily at 12 at noon, to see and prescribe for patients.

VI. Every Governor to have the privilege of sending annually one woman to be attended during her confinement, one person to the Hospital, as soon as it shall be established, and an unlimited number of patients to the Dispensary with letters of recommendation.

VII. Sick persons in the lower classes of society, on presenting themselves, are to receive immediate attention, without the necessity of any recommendatory letter.

VIII. Patients bringing letters of recommendation are to be first attended to.

IX. To prevent imposition on the Funds of the Charity the medical officers to have at all times the right of withholding relief from such applicants as may be proved to be improper objects.

X. A general Annual Meeting shall be held on the first Tuesday in the month of May in each year; at which meeting five Governors shall constitute a Board; and one week's notice of such meeting shall be advertized in one or more of the daily papers.

XI. A Committee of Management consisting of twenty members shall be appointed at each general Annual Meeting.

XII. The Committee of Management shall meet on the last Tuesday in every month, and take into consideration all matters respecting the well being of the Charity; and if it appear to them expedient to rescind any of the Rules or Regulations, or to substitute or add new ones, they shall be empowered to do so, subject to the approbation of the first general meeting. Five to form a quorum.

XIII. Three Auditors shall be chosen from the Committee of Management; and no interested person shall be nominated.

XIV. They shall examine the several accounts, and order payment of them, and shall lay before the annual General Meeting a statement of the receipts and expenditure of the Institution.

XV. The accounts to be audited once a month, and no account to be paid without the signatures of a majority of the three auditors and the signature *ex officio* of the Hon. Secretary.

XVI. The Secretary to attend all meetings and committees, at the appointed hours; and the proceedings of the Committee of Management to be entered in a book provided for that purpose.

XVII. The receipts given for the subscriptions to this Institution to bear the signature of the Hon. Secretary for the time being, and a request to be printed upon each receipt that without such signature no monies be paid.

XVIII. The Collector to attend every meeting of the Committee and pay over all subscriptions received by him, and exhibit the receipts remaining on his hands.

XIX. All officers becoming vacant are to be filled up by election.

XX. Ladies only are to be allowed to vote by proxy.

N.B.—CLINICAL LECTURES *will be given at the Institution once or twice in every week, as soon as beds can be procured; to which, Medical Gentlemen in actual practice will be admitted by leaving their cards.*

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